

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017614

Entity Name: GAMING ENTERPRISES, INC.

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

4203 CARRIAGE DRIVE
SARASOTA, FL 34241

New Principal Place of Business:

Current Mailing Address:

4203 CARRIAGE DRIVE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 65-0571031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NODHOLM, DONALD M
4203 CARRIAGE DRIVE
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: DYE, HOLLY L
Address: 1932 WOOD HOLLOW LN
City-St-Zip: SARASOTA, FL 34235

Title: DP () Delete
Name: NODHOLM, DONALD M
Address: 4203 CARRIAGE DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: TD () Delete
Name: TAYLOR, WAYNE
Address: 4743 E. ROAD RUNNER PL
City-St-Zip: PARADISE VALLEY, AZ 85253

Title: VPD () Delete
Name: HANSEN, E. PAUL
Address: 8866 ESTEPONIA CT
City-St-Zip: SARASOTA, FL 34238

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: DYE, HOLLY L
Address: 1932 WOOD HOLLOW LN
City-St-Zip: SARASOTA, FL 34235

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: FULKS, CHARLES O
Address: 5823 26TH STREET WEST
City-St-Zip: BRADENTON, FL 34207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD M NODHOLM

PRES

01/09/2006

Electronic Signature of Signing Officer or Director

Date