

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017614

FILED  
Mar 04, 2007  
Secretary of State

Entity Name: GAMING ENTERPRISES, INC.

## 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: DVP ( ) 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: SD ( ) Delete  
Name: FULKS, CHARLES O  
Address: 5823 26TH STREET WEST  
City-St-Zip: BRADENTON, FL 34207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

P

03/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date