2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000017614

Entity Name: GAMING ENTERPRISES, INC.

FILED Apr 24, 2008 Secretary of State

Littly Na	ille. GAMING	INTERPRISES, INC.				
Current P	rincipal Place	of Business:	New Principa	New Principal Place of Business:		
	RIAGE DRIVE A, FL 34241			4207 CARRIAGE DRIVE SARASOTA, FL 34241		
Current M	lailing Addres	s:	New Mailing	New Mailing Address:		
4203 CARRIAGE DRIVE SARASOTA, FL 34241				4207 CARRIAGE DRIVE SARASOTA, FL 34241		
FEI Number	: 65-0571031	FEI Number Applied For()	FEI Number Not Applicat	ole ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:		
4203 CAR SARASOT	M, DONALD M RIAGE DRIVE A, FL 34241 e named entity s	US ubmits this statement for the	NODHOLM, E 4207 CARRIA SARASOTA, F purpose of changing its r	GE DRIVE FL 34241	US ffice or registered agent, or both,	
	e of Florida.			J		
SIGNATU	RE: DONALD				04/24/2008	
	Electron	c Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICER	S AND DIRECT	ORS:	ADDITIONS/0	CHANGES	TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DVP () DYE, HOLLY L 1932 WOOD HO SARASOTA, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	DP () NODHOLM, DOI 4203 CARRIAGI SARASOTA, FL	DRIVE	Address: 42	P (X) ODHOLM, DO 207 CARRIAG ARASOTA, FL	E DRIVE	
Title: Name: Address: City-St-Zip:	TD () TAYLOR, WAYN 4743 E. ROAD F PARADISE VALI	RUNNER PL	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () HANSEN, E. PAI 8866 ESTEPON SARASOTA, FL	IA CT	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () FULKS, CHARLI 5823 26TH STR BRADENTON, F	EET WEST	Title: Name: Address: Citv-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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	Р	04/24/2008