2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 06, 2006 8:00 am Secretary of State 03-06-2006 90027 029 ***150.00 DOCUMENT # P96000016323 BINGO TIME, INC. 40025220 Principal Place of Business Mailing Address 1421 COURT STR, B 1421 COURT STR, B CLEARWATER, FL 34616 US CLEARWATER, FL 34616 CR2E034 (11/05) 01132006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3381107 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERSEM, THOMAS G DO NOT WRITE 1421 COURT STR. B CLEARWATER, FL. 34616 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algnature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, **PSTD** TITLE HERSEM, THOMAS G NAME 1421 COURT STR. B STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL TITLE NAME WRIGHT, ROBERT STREET ADDRESS 1300 S. HIGHLAND AVE CITY - ST-73P CLEARWATER, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is stueland accurate and that my 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 improvements because this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with per address, with all other like empowered. SIGNATURE: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED