

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90193 015 \*\*\*150.00

<b>DOCUMENT # P96000016323</b> 1. Entity Name <b>BINGO TIME, INC.</b>			
Principal Place of Business <b>1421 COURT STR, B</b> <b>CLEARWATER, FL 34616 US</b>		Mailing Address <b>1421 COURT STR, B</b> <b>CLEARWATER, FL 34616 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2676 BAYSHORE BLVD</b>		3. Mailing Address <b>31 ISLAND WAY</b>	
Suite, Apt. #, etc. <b>A</b>		Suite, Apt. #, etc. <b># 1102</b>	
City & State <b>DUNEDIN FL</b>		City & State <b>CLEARWATER FL</b>	
Zip <b>34698</b>		Zip <b>33767</b>	
Country <b>US</b>		Country <b>US</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>HERSEM, THOMAS G</b> <b>1421 COURT STR, B</b> <b>CLEARWATER, FL 34616</b>		<b>7. Name and Address of New Registered Agent</b> Name <b>TERESA WRIGHT</b> Street Address (P.O. Box Number is Not Acceptable) <b>518 RICHARDS AVE</b> City <b>CLEARWATER FL</b> Zip Code <b>33755</b>	
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 <b>TERESA WRIGHT</b> DATE <b>4-1-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD</b> <b>HERSEM, THOMAS G</b> <b>1421 COURT STR, B</b> <b>CLEARWATER, FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>WRIGHT, ROBERT</b> <b>1300 S. HIGHLAND AVE</b> <b>CLEARWATER, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PSTD</b> <b>31 ISLAND WAY #1102</b> <b>CLEARWATER, FL 33767</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 true and 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 empowered to execute 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 an address, with all other like empowered.

SIGNATURE: **ROBERT WRIGHT** DATE **4-1-07** 727-442-4690  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #