


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90004 048 \*\*\*150.00

DOCUMENT # P97000007041					
1. Entity Name TROPICAL GAMING, INC.					
Principal Place of Business 12399 SW 53RD STREET COOPER CITY, FL 33330			Mailing Address 12399 SW 53RD STREET COOPER CITY, FL 33330		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. <i>Suite 104</i>			Suite, Apt. #, etc. <i>Suite 104</i>		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0743601				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GROSS, WILLIAM J ESQ TRIP SCOTT, P.A. 110 SE 6TH ST, 15TH FL FORT LAUDERDALE, FL 33301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 _____ DATE _____ <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, 2006 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D. <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TAVONE, JACK	NAME	<i>SUITE 104</i>		
STREET ADDRESS	12399 SW 53RD ST SUITE 101	STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY, FL 33330	CITY-ST-ZIP			
TITLE	D. <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRECO, NICOLAS	NAME			
STREET ADDRESS	12399 SW 53RD ST, STE 101	STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY, FL 33330	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Jack Tavone</i> JACK TAVONE			Date: <i>2-16-06</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		