2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006
Secretary of State

DOCUMENT# P97000077199

Entity Name: POWERPLAY ARCADE, INC.

Current Principal Place of Business:

5469 W IRLO BRONSON MEM. HWY.
HIGHWAY 192
KISSIMMEE, FL 34646

New Principal Place of Business:

800 ROBINSON AVENUE
KISSIMMEE, FL 34641

Current Mailing Address:

5469 W IRLO BRONSON MEM. HWY.
HIGHWAY 192
KISSIMMEE, FL 34646

New Mailing Address:

800 ROBINSON AVENUE
KISSIMMEE, FL 34641

FEI Number: 59-3468052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNDERWOOD, ROBERT L
C/O CARL A. BERTOCH, P.A.
537 EAST PARK AVE
TALLAHASSEE, FL 32301 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: D ( ) Delete
Name: POMA, CIRO
Address: 5469 W IRLO BRONSON MEM. HWY.
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: POMA, CIRO
Address: 800 ROBINSON AVE
City-St-Zip: KISSIMMEE, FL 34741

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: CIRO POMA D 02/23/2006

Electronic Signature of Signing Officer or Director — Date