2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004
Secretary of State

DOCUMENT# P98000031430

Entity Name: WINK FUN & GAMES, INC.

Current Principal Place of Business:

111 VIRGINIA DR.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

151 COUNTRY CLUB DR. W
DESTIN, FL 32541

Current Mailing Address:

PO BOX 4370
FORT WALTON BEACH, FL 32549

New Mailing Address:

151 COUNTRY CLUB DR W
DESTIN, FL 32541

FEI Number: 59-3503182 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLIFTON, LYNDON E
111 VIRGINIA DR
FORT WALTON BEACH, FL 32548 US

Name and Address of New Registered Agent:

CLIFTON, LYNDON E
151 COUNTRY CLUB DR W
DESTIN, FL 32541 US

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: LYNDON E. CLIFTON 07/13/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: CLIFTON, LYNDON E
Address: 111 VIRGINIA DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: PT ( ) Delete
Name: CLIFTON, LYNDON E
Address: 111 VIRGINIA DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VD (X) Delete
Name: CLIFTON, ALISSA L
Address: 111 VIRGINIA DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: CLIFTON, LYNDON E
Address: 151 COUNTRY CLUB DR W
City-St-Zip: DESTIN, FL 32541

Title: VST (X) Change ( ) Addition
Name: CLIFTON, ALISSA L
Address: 151 COUNTRY CLUB DR W
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALISSA L CLIFTON VST 07/13/2004
Electronic Signature of Signing Officer or Director Date