

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90289 003 ***150.00

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04212005 Chg-P CR2E034 (10/03)

DOCUMENT # P98000031430 1. Entity Name WINK FUN & GAMES, INC.					
Principal Place of Business 151 COUNTRY CLUB DR. W DESTIN, FL 32541			Mailing Address 151 COUNTRY CLUB DR W DESTIN, FL 32541		
2. Principal Place of Business 1115 White Point Rd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1115 White Point Rd <small>Suite, Apt. #, etc.</small>			
City & State Niceville FL Zip 32578 Country USA		City & State Niceville FL Zip 32578 Country USA		4. FEI Number 59-3503182	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLIFTON, LYNDON E 151 COUNTRY CLUB DR W DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Lyndon E Clifton Street Address (P.O. Box Number is Not Acceptable) 1115 White Point Rd City Niceville FL Zip Code 32578		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CLIFTON, LYNDON E 151 COUNTRY CLUB DR W DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Clifton, Lyndon E 1115 White Point Rd Niceville FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CLIFTON, ALISSA L 151 COUNTRY CLUB DR W DESTIN, FL 32541 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Clifton, Alissa L 1115 White Point Rd Niceville FL 32578 <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	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Alissa L Clifton</u> 4/21/05 (850) 897-4864 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					