

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # S22204

1. Entity Name
B.C.W. GAMES UNLIMITD, INC.



Principal Place of Business

**C/O WILLIAM WAHL
4420 S.W. 93RD AVE.
DAVIE, FL 33328**

Mailing Address

**C/O WILLIAM WAHL
4420 S.W. 93RD AVE.
DAVIE, FL 33328**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0236120

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAHL, WILLIAM
4420 SW 93 AVE.
DAVIE, FL 33328**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BECKER, WERNER JACK
STREET ADDRESS 8990 S W 8TH ST
CITY-ST-ZIP PLANTATION, FL

TITLE VD
NAME CHILDS, ROBERT
STREET ADDRESS 724 S W 14TH CT
CITY-ST-ZIP FT LAUDERDALE, FL

TITLE STD
NAME WAHL, WILLIAM
STREET ADDRESS 4420 S W 93RD AVE
CITY-ST-ZIP DAVIE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11/11/06-RN029-014 150.00

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:

William Wahl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM WAHL
4420 S. W. 93rd AVE.
DAVIE, FL 33328**

Date

Daytime Phone #

1-5-06 9544758924