


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

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| DOCUMENT # V52990 1. Entity Name BINGO BONANZA, INC. |  |
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| Principal Place of Business 3300 MOBILE HWY PENSACOLA, FL 32505 | Mailing Address 5150 GULL POINT RD. PENSACOLA, FL 32504 US |
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03272006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3135921 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent VIVIANO, SAM A. 5150 GULL POINT RD. PENSACOLA, FL 32504 |
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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 reselecting) 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VIVIANO, SAM A. 5150 GULL POINT RD. PENSACOLA, FL 32504 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD VIVIANO, FRANCES M 5150 GULL POINT RD. PENSACOLA, FL 32504 |
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04/12/06-80021-005 150.00

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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: Frances M. Viviano **FRANCES M. VIVIANO** 3/27/06 850 477 2299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone