


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90146 001 ***600.00

DOCUMENT # V63928	
1. Entity Name BINGO MADNESS, INC.	

Principal Place of Business 7139 S. U.S. ONE PORT ST LUCIE, FL 34952	Mailing Address 7139 S. U.S. ONE PORT ST LUCIE, FL 34952
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66000529



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0356281	Applied For <input type="checkbox"/> 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	
CHAPLIN, RALPH R. BINGO MADNESS INC 7139 US HWY 1 PORT ST LUCIE, FL 34952	

7. Name and Address of New Registered Agent	
Name Michael Favrot	
Street Address (P.O. Box Number is Not Acceptable) 8205 Wintergarden Parkway	
City Ft. Pierce	FL 34951

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 	DATE 1-10-06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE TSD	<input checked="" type="checkbox"/> Delete
NAME CHAPLIN, RALPH R.	
STREET ADDRESS 7135 S US HWY 1	
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME CHAPIN, GABRIELE O	
STREET ADDRESS 7135 S US HWY 1	
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FAVROT, Michael	
STREET ADDRESS 8205 Wintergarden Parkway	
CITY-ST-ZIP Ft. Pierce, FL 34951	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Favrot, Bobbi Jo	
STREET ADDRESS 8205 Wintergarden Parkway	
CITY-ST-ZIP Ft. Pierce, FL 34951	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	DATE: 1-10-06	DAYTIME PHONE: 772-528-2071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael S. Favrot, Pres		