

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V63928

Entity Name: BINGO MADNESS, INC.

FILED
Aug 19, 2008
Secretary of State

Current Principal Place of Business:

7139 S. U.S. ONE
PORT ST LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

7139 S. U.S. ONE
PORT ST LUCIE, FL 34952

New Mailing Address:

7139 S. U.S. HWY ONE
PORT ST LUCIE, FL 34952

FEI Number: 65-0356281

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FAUROT, MICHAEL
8205 WINTERGARDEN PKWY
FORT PIERCE, FL 34951 US

Name and Address of New Registered Agent:

FAUROT, MICHAEL
7139 S. US HWY 1
PORT ST. LUCIE, FL 34952 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: MICHAEL FAUROT

08/19/2008

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: PSTD () Delete
Name: FAUROT, MICHAEL
Address: 8205 WINTERGARDEN PKWY
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: FAUROT, BOBBI J
Address: 8205 WINTERGARDEN PKWY
City-St-Zip: FORT PIERCE, FL 34951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FAUROT, MICHAEL
Address: 7139 S. US HWY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D (X) Change () Addition
Name: FAUROT, BOBBI J
Address: 7139 S US HWY 1
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL FAUROT

MR

08/19/2008

Electronic Signature of Signing Officer or Director

Date