

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000003891
1. Entity Name
GAMING LABORATORIES INTERNATIONAL, INC.



Principal Place of Business
600 AIRPORT ROAD
LAKEWOOD, NJ 08701

Mailing Address
600 AIRPORT ROAD
LAKEWOOD, NJ 08701

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
22-2986222

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ROMANIK, DAVID S
BECKER & POLIAKOFF, PA
3111 STIRLING RD
FT LAUDERDALE, FL 33312

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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, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000661036
03/20/07-80026-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MAIDA, JAMES R
STREET ADDRESS	14 INDEPENDENCE WAY
CITY - ST - ZIP	TITUSVILLE, NJ 08560
TITLE	VCST
NAME	MAGNO, PAUL J
STREET ADDRESS	90 DICKMAN DRIVE
CITY - ST - ZIP	LAVALLETTE, NJ 08735
TITLE	VP
NAME	MAGNO, PAUL J
STREET ADDRESS	90 DICKMAN DRIVE
CITY - ST - ZIP	LAVALLETTE, NJ 08735
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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:  James R. Maida 3/5/07 (732) 942-3999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #