


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90195 006 ***150.00

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| DOCUMENT # 179598 | |  | |
| 1. Entity Name FEDERAL GOLF, INC. | | | |
| Principal Place of Business 3801 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308 US | | Mailing Address C/O CFO ACCOUNTING 3801 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HUNT, PAULA J C.F.O. 3801 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308 | | Name Corporation Company of Orlando | |
| | | Street Address (P.O. Box Number is Not Acceptable) 300 S. Orange Ave., Suite 1000 (JGH) | |
| | | City Orlando FL Zip Code 32801 | |
| 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 | | J.Gregory Humphries, Vice Pres. | |
| 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, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC JONES, R T JR 705 FOREST AVENUE PALO ALTO, CA 94301 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P-S-T Michael R. Dayhoff 4250 N. Federal Hwy. Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC JONES, REES L 55 S PARK STREET MONTCLAIR, NJ 07042 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CARR, WILLIAM T 5 WOODLAND AVENUE BRONXVILLE, NY 10708 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-VP-AS Philip P. Smith 4250 N. Federal Hwy. Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOODWILLIE, EUGENE W 1155 AVENUE OF THE AMERICAS NEW YORK, NY 10036 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D-VP James A. Scott 4250 N. Federal Hwy. Lighthouse Point, FL 33064 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO HUNT, PAULA J 3801 BAYVIEW DRIVE FT. LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KROLIKOWSKI, WANDA 3801 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerers. | | | |
| SIGNATURE: <i>Michael R. Dayhoff</i> | | President 4/27/05 (954) 867-1234 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |
| MICHAEL R. DAYHOFF | | | |