2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# 764684

Entity Name: MIAMI GOLF CONNECTION, INCORPORATED

Current Principal Place of Business:

18865 S.W. 29TH ST
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 173933
MIAMI GARDENS, FL 33017 US

New Mailing Address:

FEI Number: 59-2116703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, VICKI L
18865 S.W. 29TH ST
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HICKS, VICKI L	
Address:	18865 S.W. 29TH ST	
City-St-Zip:	PEMBROKE PINES, FL 33029 US	
Title:	DS	( ) Delete
Name:	STANFIELD, HARRY	
Address:	5333 SW 133 AVENUE	
City-St-Zip:	MIRAMAR, FL 33027 US	
Title:	DT	( ) Delete
Name:	MORGAN, SAMUEL L	
Address:	19560 NW 84TH AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33015 US	
Title:	DC	( ) Delete
Name:	SANK, NORMAN	
Address:	8921 PALMTREE LANE	
City-St-Zip:	PEMBROKE PINES, FL 33024 US	
Title:	DVP	( ) Delete
Name:	CURRY, DAVID	
Address:	3420 NW 175 STREET	
City-St-Zip:	OPA LOCKA, FL 33055	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DS	(X) Change ( ) Addition
Name:	HARRIET, HAWKINS	
Address:	P.O. BOX 260218	
City-St-Zip:	PEMBROKE PINES, FL 33026 US	
Title:	DT	(X) Change ( ) Addition
Name:	MORGAN, SAMUEL L	
Address:	19560 NW 84TH AVENUE	
City-St-Zip:	MIAMI LAKES, FL 33015 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	SMITH, EDDIE	
Address:	9170 TAFT STREET	
City-St-Zip:	PEMBROKE PINES, FL 33024 US	

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL L. MORGAN DT 03/08/2006

Electronic Signature of Signing Officer or Director — Date