2007 FOR PROFIT CORPORATION

FILED Apr 12, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # L93630 PRO GOLF DISCOUNT OF CLEARWATER, INC. Principat Place of Business Mailing Address 2881 A GULF TO BAY BLVD. 2881 A GULF TO BAY BLVD. CLEARWATER, FL 33759 US CLEARWATER, FL 33759 US No Chg-P 04092007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3027041 Not Applicable \$8.75 Additional 5. Certificate of Status Desired (क्लेंड, केंग्राकड़ की ज़ुन्हीं) में श्रीडमें कुल के केंद्रेंड की Fee Required 6. Name and Address of Current Registered Agent MILLS, RICHARD B DO NOT WRITE 2881 A GULF TO BAY BLVD CLEARWATER, FL 33759 IN THIS SPACE Something to the second of the second 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. Signeture, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. A State of the sta TITLE was the fifty death to begin to the first with it NAME MILLS, RICHARD B. 2881 GULF-TO-BAY BLVD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 TITLE A STATE OF THE STA MILLS, GIOVANNA L. NAME A PARTICLE CONTRACTOR OF THE STREET ADDRESS 2881 GULF-TO-BAY BLVD CLEARWATER, FL 33759 CITY-ST-ZIP क्युक्रेस्ट्रे_{स स्}रुप्तां पर क्या अल्लाहरू । स्टब्स्ट्रेस्ट्रिस्ट्रिस्ट्रेस स्टब्स्ट्रेस्ट्रिस्ट्रेस स्टब्स्ट्रेस TITLE To the course of which he was to NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP