## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000157057

City-St-Zip:

VERO BEACH, FL 32968

Entity Name: ELITE GOLF SERVICES, INC.

FILED Sep 01, 2007 Secretary of State

| Littly Nai                                    | ille. ELITE GO            | DEF SERVICES, INC.  |   |   |  |
|---|---------------------------|---|---|---|--|
| Current P                                     | rincipal Place            | of Business:  | New Principal Place of                      | New Principal Place of Business:          |  |
| 4385 2ND<br>VERO BEA                          | CIRCLE<br>ACH, FL 3296    | 8   |   |   |  |
| Current Mailing Address:                      |                           |   | New Mailing Address:                        |   |  |
| 4385 2ND<br>VERO BEA                          | CIRCLE<br>ACH, FL 3296    | 8   |   |   |  |
| FEI Number:                                   | : 20-4198814              | FEI Number Applied For()  | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |                           |   | Name and Address of                         | Name and Address of New Registered Agent: |  |
| 4385 2ND<br>VERO BEA<br>The above             | ACH, FL 3296 named entity | 8 US  | ourpose of changing its registered          | l office or registered agent, or both,    |  |
|   | e of Florida.             |   |   |   |  |
| SIGNATU                                       |                           | nic Signature of Registered Age                                       | ent   | <br>Date                                  |  |
| Election Car                                  | ce with s. 607.19         | 3(2)(b), F.S., the corporation did no<br>g Trust Fund Contribution(). | t receive the prior notice.                 | S TO OFFICERS AND DIRECTORS:              |  |
|   |                           |   |   |   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   |                           |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | •                         |   | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:                               |                           | ) Delete<br>EGINA M TREAS   | Title:<br>Name:<br>Address:                 | ( ) Change ( ) Addition                   |  |

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.

City-St-Zip:

SIGNATURE: JEFFERY W KARSHNER PRES 09/01/2007