
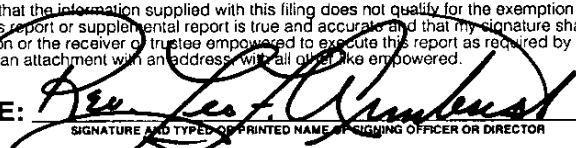


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90192 027 ***158.75

DOCUMENT # P02000053672			
1. Entity Name ACCOLADE GOLF CORPORATION			
Principal Place of Business 11380 PROSPERITY FARMS RD., SUITE 209B PALM BCH GARDENS, FL 33410		Mailing Address 11380 PROSPERITY FARMS RD., SUITE 209B PALM BCH GARDENS, FL 33410	
2. Principal Place of Business 2200 PGA Blvd Suite, Apt. #, etc. Suite 103 City & State Palm Beach Gardens FL Zip 33410		3. Mailing Address 2200 PGA Blvd Suite, Apt. #, etc. Suite 103 City & State Palm Beach Gardens FL Zip 33410	
4. FEI Number 05-0567716		Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02162005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HAILE, SHAW & PFAFFENBERGER, P.A. 11780 US HWY. ONE, SUITE 300 N. PALM BCH, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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	D LEOF, ARMBURST 11380 PROSPERITY FARMS RD., SUITE 209B PALM BCH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2200 PGA Blvd, Suite 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAZIO, VINCENT M 631 US HWY ONE, SUITE 412 N PALM BEACH, FL 33408	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUMP, MITCHELL 26 PRINCEWOOD LANE PALM BEACH GARDENS, FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input 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 empowered.			
SIGNATURE: 		Date: 4/11/05 Daytime Phone #: 305-776-0890	

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