2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 650761

Address:

633 POMPANO DRIVE

City-St-Zip: NAPLES, FL 34110

FOR THE LOVE OF GOLF, INC.

FILED Apr 03, 2007 Secretary of State

Entity Na	Me: FOR THE	ELOVE OF GOLF, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
9765 N TA NAPLES, I	AMIAMI TRL FL 34108 L	JS				
Current Mailing Address:			New Mailing Address:			
9765 N TA NAPLES, I	AMIAMI TRAIL FL 34108 L	JS				
FEI Number	: 59-2097161	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
	KI, MICHAEL AMIAMI TRL FL 34108 L	JS				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or bot	:h,
SIGNATUI	RE:					
	Electror	nic Signature of Registered Age	ent		Date	_
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANGE	S TO OFFICERS AND DIRECT	ORS:
Title: Name: Address: City-St-Zip:	P () PODOLSKI, FL 9765 N TAMIAN NAPLES, FL 3	/II TRL	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	D () PODOLSKI, MI 9765 N TAMIAN NAPLES, FL 3	/II TRL	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	VT (PODOLSKI, CH 860 98TH AVEI NAPLES, FL 3	NUE N	Title: Name: Address: City-St-Zip:	PODOLSKI, (/IITRL APT.2	
Title: Name: Address: City-St-Zip:	S (LOGAN, LORI 633 POMPANO NAPLES, FL 3		Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name:	D () LOGAN, ROBE) Delete RT	Title: Name:	(() Change () Addition	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: FLORINE PODOLSKI P 04/03/2007