2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006333

Entity Name: GOLFANDHOME, INC.

FILED Mar 10, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:			
43 DANBURY ROAD WILTON, CT 06897			43 DANBUI WILTON, C		US	
Current Mailing Address:			New Mailing Address:			
93 CHERRY STREET NEW CANAAN, CT 06840				SURY ROAD CT 06897 US		
FEI Number:	06-1577752	FEI Number Applied For () FEI Nu	mber Not Appli	cable ()	Certific	ate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
SCHWARTZ, KEVIN 1260 S.W. MAPLEWOOD DRIVE PORT ST LUCIE, FL 34986 US						
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
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () [O'ROURKE, BRY 123 MAIN ST NEW CANAAN, C		Title: Name: Address: City-St-Zip:	D (X O'ROURKE, B 123 MAIN ST NEW CANAAN	RYAN	() Addition
Title: Name: Address: City-St-Zip:	CD ()[MCCANN, MARK 43 DANBURY RO WILTON, CT 068)AD	Title: Name: Address: City-St-Zip:	D (X MCCANN, MA 43 DANBURY WILTON, CT	RK L ROAD	() Addition
Title: Name: Address: City-St-Zip:	SD (X) I O'ROURKE, BRE 27 PINE STREET NEW CANAAN, C	-	Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	V ()[SCHWARTZ, KE' 1260 SW MAPLE PORT ST LUCIE,	WOOD DR.	Title: Name: Address: City-St-Zip:	() Change	() Addition
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	CD (PAPA, JOHN 43 DANBURY WILTON, CT	ROAD	(X) Addition
Title: Name: Address: City-St-Zip:]()	Delete	Title: Name: Address: City-St-Zip:	D (HAMMER, A.J 43 DANBURY WILTON, CT	ROAD	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOHN PAPA CD 03/10/2004