


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000002318 1. Entity Name HOLE-N-ONE SPORTS CATERING, INC.					
Principal Place of Business 1034 NO. SONORA CR. ORANGE CA 92869			Mailing Address 1034 NO. SONORA CR. ORANGE CA 92869		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 33-0471880 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				2nd MOORE CR2E034 (4/06)	
6. Name and Address of Current Registered Agent MASTROIANNI, AMO 3713 S.E. 3RD PL CAPE CORAL FL 33904			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 \$550.00 DUE BY: September 6, 2006 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
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			12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered		
TITLE NAME STREET ADDRESS CITY - ST - ZIP P MASTROIANNI, JOHN A 4861 SAN JACINTO CR. EAST FALLBROOK CA 92028 <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 V MASTROIANNI, DEBRA C 4861 SAN JACINTO CR. EAST FALLBROOK CA 92028 <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 V MASTROIANNI, THERESA 1034 NO. SONORA CR. ORANGE CA 92869 <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 ST MASTROIANNI, MICHAEL 1034 NO. SONORA CR. ORANGE CA 92869 <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		



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08/22/06-80008-005 550.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #