2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90316 048 ***150.00

DOCUMENT # F03000004646

1. Entity Name
THE TOP-FLITE GOLF COMPANY

50043052

03022005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
425 MEADOW ST. CHICOPEE, MA 01013	P.O. BOX 901 CHICOPEE, MA 01021-0901

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-4538582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CD DRAPEAU, RONALD A 2180 RUTHERFORD ROAD CARLSBAD, CA 92008	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BAKER, WILLIAM 2180 Rutherford Road Carlsbad, CA 92008	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PENICKA, ROBERT A 425 MEADOW ST. CHICOPEE, MA 01013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PENICKA, ROBERT A. 2180 Rutherford Road Carlsbad, CA 92008	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCRACKEN, STEVEN C 2180 RUTHERFORD ROAD CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chief Tax Officer MALOY, JULIE M. 2180 Rutherford Road Carlsbad, CA 92008	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOLIDAY, BRADLEY J 2180 RUTHERFORD ROAD CARLSBAD, CA 92008	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ARTURI, PETER A 425 MEADOW ST. CHICOPEE, MA 01013	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Peter A. Arturi, Assistant Secretary 4/19/05 (413)322-6376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #