2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# F04000001844

Entity Name: ESCALANTE GOLF, INC.

Current Principal Place of Business:

9850 DIVOT TRAIL
COLORADO SPRINGS, CO 80920

New Principal Place of Business:

Current Mailing Address:

9850 DIVOT TRAIL
COLORADO SPRINGS, CO 80920

New Mailing Address:

FEI Number: 84-1200168 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVA, ROBERT C
LOCHMOOR COUNTRY CLUB
3911 ORANGE GROVE BLVD.
NORTH FT. MYERS, FL 33903 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: MCDONALD, DAVID
Address: 9850 DIVOT TRAIL
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: VPD ( ) Delete
Name: SILVA, ROBERT C
Address: 9850 DIVOT TRAIL
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: VPD ( ) Delete
Name: MCDONALD, MICHAEL
Address: 9850 DIVOT TRAIL
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: SD ( ) Delete
Name: SILVA, ELCIO
Address: 9850 DIVOT TRAIL
City-St-Zip: COLORADO SPRINGS, CO 80920

Title: TD ( ) Delete
Name: BAKER, HOWARD
Address: 9850 DIVOT TRAIL
City-St-Zip: COLORADO SPRINGS, CO 80920

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: VALERIE NEWBURY CONT 04/28/2005

Electronic Signature of Signing Officer or Director — Date