2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001844

Entity Name: ESCALANTE GOLF, INC.

MCDONALD, MICHAEL

COLORADO SPRINGS, CO 80920

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COLORADO SPRINGS, CO 80920

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COLORADO SPRINGS, CO 80920

9850 DIVOT TRAIL

SILVA, ELCIO

9850 DIVOT TRAIL

BAKER, HOWARD

9850 DIVOT TRAIL

SD

TD

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Sep 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 9850 DIVOT TRAIL COLORADO SPRINGS, CO 80920 **Current Mailing Address: New Mailing Address:** 9850 DIVOT TRAIL COLORADO SPRINGS, CO 80920 FEI Number: 84-1200168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SILVA, ROBERT C SILVA, ROBERT C TARPÓN COVE YACHT & RAQUET CLUB LOCHMOOR COUNTRY CLUB 3911 ORANGE GROVE BLVD 471 BAY CLUB DRIVE NORTH FT. MYERS, FL 33903 US NAPLES, FL 34110 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: ROBERT C. SILVA 09/11/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition MCDONALD, DAVID Name: Name: 9850 DIVOT TRAIL Address: Address: City-St-Zip: COLORADO SPRINGS, CO 80920 City-St-Zip: VPD Title: Title: () Delete () Change () Addition Name: SILVA, ROBERT C Name: 9850 DIVOT TRAIL Address: Address: COLORADO SPRINGS, CO 80920 City-St-Zip: City-St-Zip: Title: VPD () Delete Title: () Change () Addition

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

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: ROBERT C. SILVA VPD 09/11/2007

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