

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001844

Entity Name: ESCALANTE GOLF, INC.

FILED
May 01, 2008
Secretary of State

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 (X)

Name and Address of Current Registered Agent:

SILVA, ROBERT C
TARPON COVE YACHT & RAQUET CLUB
471 BAY CLUB DRIVE
NAPLES, FL 34110 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

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:

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 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.

SIGNATURE: ROBERT SILVA

VP

05/01/2008

Electronic Signature of Signing Officer or Director

Date