

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90181 027 ***150.00

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # F04000004199 | | | | | |
| 1. Entity Name NEX-LVL GOLF INC | | | | | |
| Principal Place of Business 8910 YONGE ST., UNIT 8 RICHMOND HILL, ONTARIO CANADA L4C 0L7, | | | Mailing Address 8910 YONGE ST., UNIT 8 RICHMOND HILL, ONTARIO CANADA L4C 0L7, | | |
| 2. Principal Place of Business | | 3. Mailing Address | | <div style="font-size: 24px; font-weight: bold;">14004124</div> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02172005 Chg-P CR2E034 (10/03) | |
| City & State | | City & State | | 4. FFI Number <div style="font-size: 24px; font-weight: bold;">98-0432566</div> | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CLAWSON, DEBORA A 9573 OLD PINE RD BOCA RATON, FL 33428 | | | 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: | | | | DATE: 3.7.05 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 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 | | |
| TITLE | PS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FISHER, YOSHI | | NAME | | |
| STREET ADDRESS | 1 MISTY SUGAR TRAIL, THORNHILL, ONTARIO | | STREET ADDRESS | | |
| CITY-ST-ZIP | CANADA L3T 5M3, | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GIDON, YOSHI | | NAME | | |
| STREET ADDRESS | 1 MISTY SUGAR TRAIL, THORNHILL, ONTARIO | | STREET ADDRESS | | |
| CITY-ST-ZIP | CANADA L3T 5M3, | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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: | | | Date: APRIL-13/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |