2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

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May 02, 2005 8:00 am Secretary of State DOCUMENT # F79089 05-02-2005 90515 014 ***150.00 1. Entity Name PLANTATION GOLF, INC. Mailing Address Principal Place of Business 50045287 4379 W. SUNRISE BLVD. 4379 W. SUNRISE BLVD. PLANTATION, FL 33313-6749 PLANTATION, FL 33313-6749 03022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2177182 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MANGINO, ROBERT V DO NOT WRITE 4379 W. SUNRISE BLVD. PLANTATION, FL 33319 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 TITLE NAME MANGINO, ROBERT V STREET ADDRESS 4379 W. SUNRISE BLVD. CITY-ST-ZIP PLANTATION, FL. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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

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