2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State 02-07-2005 90085 024 ***150.00 DOCUMENT # F93000004767 GOLF CARD RESORT SERVICES, INC. Principal Place of Business Mailing Address **64 INVERNESS DRIVE EAST 64 INVERNESS DRIVE EAST** 50010878 ENGLEWOOD, CO 80112 ENGLEWOOD, CO 80112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 84-1238913 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DC TITLE ☐ Addition ☐ Delete TITLE ☐ Change ADAMS, STEPHEN NAME NAME STREET ADDRESS 2575 VISTA DEL MAR DRIVE STREET ADDRESS CITY-ST-ZIP VENTURA, CA CITY-ST-ZIP CEO ☐ Delete ☐ Channe ☐ Addition SCHNEIDER, MIKE NAME NAME STREET ADDRESS 2575 VISTA DEL MAR DRIVE STREET ADDRESS VENTURA, CA 93001 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Assistant Addition NAME BOGGESS, MARK J NAME 650 THREE SPRINGS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP **BOWLING GREEN, KY 42104** CITY-ST-ZP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME JAMES, LAURA A NAME 2575 VISTA DEL MAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENTURA, CA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition YORK, ROBERT T NAME NAME STREET ADDRESS 90 SOUTH SEVENTH STREET STREET ADDRESS CITY - ST - ZIP MINNEAPOLIS, MN 55402 CHY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition TITLE HOSTER, BRUCE NAME NAME STREET ADDRESS 64 INVERNÈSS DRIVE EAST STREET ADDRESS

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 ear address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

ENGLEWOOD, CO 80112

CITY-ST-ZIP

SINDANT TREASUM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 07, 2005 8:00 am

303) 728-7423