




FILED
Feb 19, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F93000004767			
1. Entity Name GOLF CARD RESORT SERVICES, INC.			
Principal Place of Business 64 INVERNESS DRIVE EAST ENGLEWOOD, CO 80112 US		Mailing Address 64 INVERNESS DRIVE EAST ENGLEWOOD, CO 80112 US	
DO NOT WRITE IN THIS SPACE			
		 02022007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 84-1238913	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE U000000639871 02/28/07-80047-013 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC ADAMS, STEPHEN 2575 VISTA DEL MAR DRIVE VENTURA, CA		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SCHNEIDER, MIKE 2575 VISTA DEL MAR DRIVE VENTURA, CA 93001		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT LUSK, TERRY 64 INVERNESS DRIVE EAST ENGLEWOOD, CO 80112		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JAMES, LAURA A 2575 VISTA DEL MAR DRIVE VENTURA, CA		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS YORK, ROBERT T 90 SOUTH SEVENTH STREET MINNEAPOLIS, MN 55402		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOSTER, BRUCE 64 INVERNESS DRIVE EAST ENGLEWOOD, CO 80112		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Terry Lusk 2/3/07 (303) 728-7423 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	