## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000000631

Name:

Address:

City-St-Zip:

FILED Apr 18, 2008 Secretary of State

Entity Na	me: INTERNA	ATIONAL GOL	F MAINTENANC	E, INC.				
Current Principal Place of Business:				New Principal Place of Business:				
	MPIONSGATE NSGATE, FL		200					
Current Mailing Address:				New Mailing Address:				
	MPIONSGATE NSGATE, FL		200					
FEI Number	: 59-3489578	FEI Number	Applied For ( )	FEI Number N	ot Applic	able ( )	Certificate of Status Desired	d ( )
Name and Address of Current Registered Agent:				Nam	Name and Address of New Registered Agent:			
1201 HAY	ATION SERVIC S STREET SSEE, FL 323		,					
	named entity : e of Florida.	submits this s	atement for the p	urpose of cha	nging its	registere	d office or registered agent,	or both,
SIGNATU								
	Electror	nic Signature o	of Registered Age	ent			Date	
Election Car	mpaign Financin	g Trust Fund Co	ntribution ( ).					
OFFICER	S AND DIREC	TORS:		ADE	ITIONS	CHANGI	ES TO OFFICERS AND DIR	RECTORS:
Title: Name: Address: City-St-Zip:	ROSENSTEIN,	DRIVE, STE. 366		Title: Name Addre City-S	: ss:	335 N MAPL	(X) Change ()Addition IN, ARNOLD LE DRIVE, STE. 366 IILLS, CA 90210	
Title: Name: Address: City-St-Zip:	JACKSON, ROI 8390 CHAMPIC	) Delete N E DNSGATE BLVD. ATE, FL 33896 (		Title: Name Addre City-S	: ss:		(X) Change () Addition RON E PIONSGATE BLVD., STE. 200 SGATE, FL 33896 US	
Title: Name: Address: City-St-Zip:	SELLERS, CAL 8390 CHAMPIO	) Delete .VIN C III DNSGATE BLVD. ATE, FL 33896 U		Title: Name Addre City-S			() Change () Addition	
Title:	( )	) Delete		Title:		Р	( ) Change (X) Addition	

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

ZAKANY, SCOTT

8390 CHAMPIONSGATE BLVD., STE. 200

CHAMPIONSGATE, FL 33896 US

SIGNATURE: CALVIN C. SELLERS, III **CFO** 04/18/2008