


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000000515</b>	
1. Entity Name <b>COMPUTER GOLF SOFTWARE OF NEVADA, INC.</b>	

Principal Place of Business <b>1700 SW 12 AVENUE BOCA RATON, FL 33486</b>	Mailing Address <b>1700 SW 12 AVENUE BOCA RATON, FL 33486</b>
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**DO NOT WRITE IN THIS SPACE**



05192006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>88-0408380</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**HAYNIE, SUSAN  
1700 S.W. 12TH AVENUE  
BOCA RATON, FL 33486**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>05/24/06-80005-003 550.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNIE, J N 800 CYPRESS WAY BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HAYNIE, SUSAN I 800 CYPRESS WAY BOCA RATON, FL
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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:  **SUSAN I. HAYNIE** 5-19-06 561-392-6740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #