


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90064 028 ***150.00

| | | | |
|--|---------|---|-----------------------|
| DOCUMENT # J34571 | |  | |
| 1. Entity Name GOLF GIFTS, INC. | | | |
| Principal Place of Business 2250 ARIELLE DRIVE 1705 NAPLES FL 34109 US | | Mailing Address 2250 ARIELLE DRIVE 1705 NAPLES FL 34109 US | |
| 2. Principal Place of Business | | 3. Mailing Address 8703 GREAT BEAR CT. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State CHARLOTTE, NC | |
| Zip | Country | Zip 28269 | Country USA |



1st MOORE CR2E034 (10/05)

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent PFEIL, SUSAN 2250 ARIELLE DRIVE 1705 NAPLES FL 34109 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 | |

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS PFEIL, RICHARD B W3426 HIGHMEADOW RD. LAKE GENEVA WI 53147 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS HAROT, TYLER 8703 GREAT BEAR CT CHARLOTTE, NC 28269 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT PFEIL, SUSAN 2250 ARIELLE DRIVE APT 1705 NAPLES FL 34109 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Pfeil* *Susan Pfeil* **2/9/06** **239**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #