## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # J52470

1. Entity Name CREATIVE GOLF, INC.



FILED Mar 14, 2007 08:00 AM Secretary of State

Principal Place of Business

VOLKER KRAIEWSKI 7617 SE AUTUMN LN HOBE SOUND, FL 33455 US Mailing Address

VOLKER KRAJEWSKI 7617 SE AUTUMN LN HOBE SOUND, FL 33455

211



No Chg-P

CR2E034 (11/05)

| DO NOT WRITE IN THIS SPACE                      | 4. FEI Number Applied For 59-2762954 Not Applicable               |
|---|---|
|   | 5. Certificate of Status Desired   \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent |   |
| SACHS, PETER A., ESQ.<br>JONES & FOSTER, P.A.   | DO NOT WRITE  |

01092007

JONES & FOSTER, P.A.
505 S FLAGLER DR, P. O. DRAWER E
W PALM BCH, FL 33401

IN THIS SPACE

|   | named entity submits this statement for the particles of registered agent.   | surpose of changing its registere                   | ed office or reg     | istered agent, or bo           | th, in the State of Fi | orida. I am familiar with,  | and accept |
|---|--|---|----------------------|--------------------------------|------------------------|-----------------------------|------------|
| SIGNATURE                                 | Signature, typed or printed name of registered agent and title   | if applicable (NOTE, Registere                      | d Agent signature re | quired when reinstating)       |                        | DATE                        |            |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00  | Election Campaign Finar<br>Trust Fund Contribution. | ncing                | \$5.00 May Be<br>Added to Fees |                        |                             |            |
| 10. ITILE NAME STREET ADDRESS CITY-ST-ZIP | P  | CTORS   |                      |                                |                        |                             | . ,        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     | ST<br>DROZ, YVONNE<br>7617 SE AUTUMN LN<br>HOBE SOUND, FL 33455  |   |                      |                                |                        | 000666051                   |            |
| TITLE<br>NAME                             |  |   |                      |                                | 03/23/(                | 07-80054-013                | 150.00     |
| STREET ADDRESS<br>CITY-ST-ZIP             |  |   |                      | DO                             | NOT W                  | /RITE                       |            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP     |  |   |                      | IN <sup>-</sup>                | THIS SE                | PACE                        |            |
| NAME STREET ADDRESS CITY-ST-ZIP           |  |   |                      |                                |                        |                             |            |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP     | TE SERVICE OF THE SER |   |                      |                                |                        |                             |            |
| 12. I hereby o                            | certify that the information supplied with this fi   | ing does not qualify for the exe                    | emptions conta       | ined in Chapter 119            | ), Florida Statutes. I | further certify that the in | nformation |

12. Thereby certify that the information supplied with this filing does not quality 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the corporation or on an attachment with an address, with all other like empowered.

| SIGNATURE: | Vallan Kecycus hi                              | VOLKER KRAJEWSKI    | JAN. 10. 2007 | 772-223 7042    |
|------------|--|---------------------|---------------|-----------------|
|            | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING | OFFICER OR DIRECTOR | Date          | Daytime Phone # |