2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006
Secretary of State

DOCUMENT# K65985

Entity Name: DIAMONDBACK GOLF CLUB, INC.

Current Principal Place of Business:

6501 SR 544E
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

6501 SR 544E
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-2942732 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDROP, THOMAS D
42 ASPEN DRIVE
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MILLS, RICHARD
Address: 5 HUNTLEY COURT
City-St-Zip: HAINES CITY, FL 33844

Title: T ( ) Delete
Name: HAMILTON, BRADFORD
Address: 149 STRATFORD COURT
City-St-Zip: HAINES CITY, FL 33844

Title: P ( ) Delete
Name: WALDROP, THOMAS D
Address: 42 ASPEN DRIVE
City-St-Zip: HAINES CITY, FL 33844

Title: D ( ) Delete
Name: MARTIN, MARTY
Address: 1701 W. COMMERCE AVE LOT 260
City-St-Zip: HAINES CITY, FL 33844

Title: VP ( ) Delete
Name: MESSER, OMER
Address: 1701 W. COMMERCE AVE LOT 236
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SCOTT, ROBERT
Address: 107 ARROWHEAD LANE
City-St-Zip: HAINES CITY, FL 33844

Title: S/T (X) Change ( ) Addition
Name: HAMILTON, BRADFORD
Address: 149 STRATFORD COURT
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS D. WALDROP P 02/24/2006

Electronic Signature of Signing Officer or Director Date