^2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Jan 22, 2007 08:00 AM Secretary of State

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1. Entity Name

GOLF INVESTMENT ADVISORS CORPORATION



Principal Place of Business

Mailing Address

7745 INDIAN OAKS DR

7745 INDIAN OAKS DR

H-301

VERO BEACH, FL 32966 L

H-301 VERO BEACH, FL 32966

: 1866 | 1846 | 1846 | 1847 | 1847 | 1846 | 1846 | 1847 | 1848 | 1846 | 1846 | 1846 | 1846 | 1846 | 1846 | 1846

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No Cha-E

CR2E034 (11/05)

4. FEI Number 65-0117557 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BECHTEL, ALMONT 7745 INDIAN OAKS DR H-301 VERO BEACH, FL 32966

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	named entity submits this statement for the priors of registered agent	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	of applicable (NOTE Registered	Agent signatur	e required when reinstating)	7 / / 9 / 0 - 7 DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution 55.00 May Be Added to Fees			000000597019 01/24/07-80019-014 150.00
10.	OFFICERS AND DIREC	CTORS	i		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECHTEL, ALMONT 7745 INDIAN OAKS DR VERO BEACH, FL 32966				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS BECHTEL, HELEN E ZTREASU 7745 INDIAN OAKS DR. H-301 VERO BEACH, FL 32966				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CHY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
TITLE NAME STREET ADDRESS					

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 addregs, with air other like empowered.

SIGNATURE

SUMMER AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

1/19/07

712-299-4035

Daytime Phone #