


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L44164**  
 1. Entity Name  
 D.T. PALM SPRINGS INTER-CONTINENTAL GOLF CENTER, INC.



|   |   |
|---|---|
| Principal Place of Business<br>115 SOUTH MAIN ST.<br>SUITE 300<br>ROYAL OAK, MI 48067 | Mailing Address<br>115 SOUTH MAIN ST.<br>SUITE 300<br>ROYAL OAK, MI 48067 |
|---|---|



01232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2988421                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAY STREET  
 TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>GORDON, FRED<br>115 SOUTH MAIN STREEET, STE 300<br>ROYAL OAK, MI 48067 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>CAREY, KENNETH<br>990 WEST 190TH STRET, STE 100<br>TORRANCE, CA 90502    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>BLEW, J.PATRICK<br>1526 CEDAR FARM LAND ROAD<br>ANNAPOLIS, MD 21410      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 01/31/08-80034-004 150.00

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: Fred Gordon Fred Gordon 1/23/08 248-546-7600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #