

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59789

FILED  
Jan 25, 2007  
Secretary of State

**Entity Name:** INTERNATIONAL GOLF CHALLENGE, INC.

**Current Principal Place of Business:**

377 MAITLAND AVE  
1001  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

P.O. BOX 320  
WINTER PARK, FL 32790 US

**New Principal Place of Business:**

377 MAITLAND AVE  
2006  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

**FEI Number:** 59-3039012      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCARBROUGH, W. THOMAS  
377 MAITLAND AVE  
1001  
ALTAMONTE SPRINGS, FL 32701 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: P ( ) Delete  
Name: SCARBROUGH, W. THOMAS  
Address: 377 MAITLAND AVE, 1001  
City-St-Zip: ALTAMONTE SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: W. THOMAS SCARBROUGH

PRES

01/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date