2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 16, 2007 8:00 am Secretary of State DOCUMENT # M74240 01-16-2007 90219 023 ***150.00 1. Entity Name 76 GOLF WORLD, INC. Principal Place of Business Mailing Address 6801 SE KANNER HWY 6801 SE KANNER HWY STUART, FL 34997 US STUART, FL 34997 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Cha-P CR2E034 (12/06) Applied For 4. FEI Number City & State City & State 65-0039071 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired П 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILLIAM TINGRAM, JR Street Address (P.O. Box Number is Not Acceptable) 11130 SE FEDERAL HWY HOBE SOUND, FL 33455 City Zip Code FL 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 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition 🔀 Delete TITLE TITLE NAME NAME DEGGELLER, IRVIN STREET ADDRESS STREET ADDRESS 4034 OLD ST LUCIE BLVD CITY-ST-ZIP CITY-ST-ZIP STUART, FL 349965121 X Change Addition TITLE Delete TITLE DEGGELLER, EVELYN NAME NAME STREET ADDRESS STREET ADDRESS 4034 OLD ST. LUCIE BLVD. CITY-ST-ZIP CITY-ST-ZIP STUART, FL 34996 $\sqrt{2}$ Change Addition ST ☐ Delete TITLE TITLE NAME NAME COY, STEVE STREET ADDRESS 1162 NE COY SEADA STREET ADDRESS 1162 NE COY SENDA CITY-ST-7P CITY-ST-ZIP JENSEN BEACH, FL 34957 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-718 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.

UNITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #