

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000011031**  
 1. Entity Name  
**Q-ROLL GOLF, INC.**



Principal Place of Business      Mailing Address  
**7711 MILITARY TRAIL**      **165 OLD MIDDLETOWN RD**  
**PALM BEACH GARDENS, FL 33410**      **PEARL RIVER, NY 10965**

**DO NOT WRITE IN THIS SPACE**



01312006    No Chg-F    CR2E034 (11/05)

4. FET Number      Applied For  
**65-1111798**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301-2525**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MILLER, RON E 1209 GENERAL POINT TRACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, LARRY 398 OAKLAND BCH AVE RYE, NY 10580
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFD HAGEN, BRUCE E 165 OLD MIDDLETOWN BLVD PEARL RIVER, NY 10965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, MICHAEL J 7502 NW 30TH PLACE FORT LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000491087  
 04/13/06-80009-004 150.00

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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 807, 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: *Bruce E. Hagen*    *Bruce E. Hagen*    4/4/06    845-795-6835  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #