


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000014837 1. Entity Name WEDGEFIELD GOLF GROUP, INC.					
Principal Place of Business 20550 MAXIM PARKWAY ORLANDO, FL 32833			Mailing Address 20550 MAXIM PARKWAY ORLANDO, FL 32833		
2. Principal Place of Business 8520 Connecticut Ave Suite 200		3. Mailing Address SAME			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. ←			
City & State Chevy Chase MD		City & State ←			
Zip 20815		Country U.S.A		4. FEI Number 59-3697824	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent DUNLEAVY, NICK G 2506 TREYMORE DR. ORLANDO, FL 32825			7. Name and Address of New Registered Agent Name Stephen R. Carman Street Address (P.O. Box Number is Not Acceptable) 1137 Cardinal Creek Pl. City Oviedo FL Zip Code 32765		
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 <u><i>Stephen R. Carman</i></u> 11-14-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, DAVID B 20550 MAXIM PARKWAY ORLANDO, FL 32833 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President & Treasurer 8520 Connecticut Ave Suite 200 Chevy Chase MD, 20815	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer, VP & Secretary <input type="checkbox"/> Delete Thomas A. Statas 8520 Connecticut Ave Suite 200 Chevy Chase MD 20815		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500043065725 11/30/04--01038--020 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Stephen R. Carman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			11/22/04 301657-0774 <small>Date Daytime Phone #</small>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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