

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026823

Entity Name: FORCE GOLF, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

6600 106TH ST
SUITE 5
SEMINOLE, FL 33772

New Principal Place of Business:

22039 US 19 NORTH
CLEARWATER, FL 33765

Current Mailing Address:

6600 106TH ST
SUITE 5
SEMINOLE, FL 33772

New Mailing Address:

22039 US 19 NORTH
CLEARWATER, FL 33765

FEI Number: 65-1086043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKBURN, PAMELA
862 HARBOR HILL DR.
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

BLACKBURN, BARRY
862 HARBOR HILL DR.
SAFETY HARBOR, FL 34695 US

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: BARRY BLACKBURN

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOP () Delete
Name: BLACKBURN, BARRY S
Address: 862 HARBOR HILL DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TSD () Delete
Name: BLACKBURN, BARRY
Address: 862 HARBOR HILL DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: C () Delete
Name: BLACKBURN, PAMELA C
Address: 862 HARBOR HILL DR.
City-St-Zip: SAFETY HARBOR, FL 34695

Title: V (X) Delete
Name: LANE, ADAM
Address: 51 ISLAND WAY APT 210
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BLACKBURN, BARRY
Address: 862 HARBOR HILL DRIVE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TVD (X) Change () Addition
Name: LANE, ADAM
Address: 51 ISLAND WAY APT 210
City-St-Zip: CLEARWATER, FL 33767

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: ADAM LANE

TV

04/27/2006

Electronic Signature of Signing Officer or Director

Date