

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000026823

Entity Name: FORCE GOLF, INC.

FILED
Jul 25, 2006
Secretary of State

Current Principal Place of Business:

22039 US 19 NORTH
CLEARWATER, FL 33765

New Principal Place of Business:

Current Mailing Address:

22039 US 19 NORTH
CLEARWATER, FL 33765

New Mailing Address:

FEI Number: 65-1086043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: S () Change (X) Addition
Name: HERZOG, LESLIE
Address: COUNTRY CLUB DRIVE
City-St-Zip: BELLFONT, KY 41101

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: BARRY BLACKBURN

CEOP

07/25/2006

Electronic Signature of Signing Officer or Director

Date