

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037396

FILED
Jul 18, 2006
Secretary of State

Entity Name: TIKI ISLAND ADVENTURE GOLF, INC.

Current Principal Place of Business:

7460 INTERNATIONAL DR
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1110 SW IVANHOE BLVD APT 23
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3714014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALBERSTADT, ALEX
1110 SW IVANHOE BLVD APT 23
ORLANDO, FL 32804y US

Name and Address of New Registered Agent:

HALBERSTADT, ALEX
1110 SW IVANHOE BLVD APT 23
ORLANDO, FL 32804Y 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:

07/18/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALBERSTADT, ALEX E
Address: 1110 W. IVANHOE BLVD., UNIT 23
City-St-Zip: ORLANDO, FL 32804

Title: V () Delete
Name: MOTTERSHEAD, CRAIG
Address: 1110 W. IVANHOE BLVD., UNIT 23
City-St-Zip: ORLANDO, FL 32804

Title: T () Delete
Name: CAREY, PATTI
Address: 1110 W IVANHOE BV #23
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: PATTI CAREY

T

07/18/2006

Electronic Signature of Signing Officer or Director

Date