## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000056401

GOLF BALLS INTERNATIONAL, INC.



Principal Place of Business

11246 DISTRIBUTION AVE E

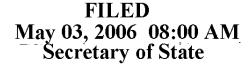
UNIT 8 JACKSONVILLE, FL 32256

Mailing Address

11246 DISTRIBUTION AVE E

UNIT 8

JACKSONVILLE, FL 32256





DO NOT WRITE IN THIS SPACE

No Chg-P 04152006 CR2E034 (11/05)

4. FEI Number 65-1109696

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAHODIK, MARITZA 14486 CHESHAM CT

## DO NOT WRITE

| JACKSONVILLE, FL 32258  |  |  | IN THIS SPACE |                 |   |
|---|--|--|---------------|-----------------|---|
| 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating)  DATE   |  |  |               |                 |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00   |  | 9. Election Campalgn Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees |               |                 |   |
| 10.   | OFFICERS AND DIREC   | CTORS  |               |                 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P/D<br>LAHODIK, SCOTT<br>14486 CHESHAM CT<br>JACKSONVILLE, FL 32258      |  |               |                 |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VTS<br>LAHODIKS, MARITZA R<br>14486 CHESHAM CT<br>JACKSONVILLE, FL 32258 |  |               |                 | U00000560170<br>05/18/06-80027-020 150.00 |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP   |  |  |               | DO              | NOT WRITE                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |               | IN <sup>-</sup> | THIS SPACE                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |               |                 |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |  |               |                 |   |
| 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 gath, that it 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: