2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000058923

Entity Name
 GOLF TERRACE SPECIAL, INC.

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FILED May 05, 2004 8:00 am Secretary of State 05-05-2004 90228 029 ***158.75

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Suito, Apt. #, etc. Suito, Apt. #, etc. 03102004 ChgP CR2E034 (10/03)	C/O DARYL O 3801 PGA BL	RAMER & ASSOC. P.A. VD SUITE 508	C/O DARYL CRAMER & ASSOC. P.A. 3801 PGA BLVD SUITE 508		3		181			(\$1	
City & State	2. Principal Place of Business		3. Mailing Address								
Special Country Zip Country Zip Country Sp. 273725251 Sp. 475.75 Additional property	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03102004	Chg-P	CR2E0:	34 (10/03)		
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Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) Street Address (P O. Box Number is Not Acceptable) City FL Zip Code 6. The above named ontity 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida.		6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and A	ddress of New	Registered A	igent		
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8. The above named onliky submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature											
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RICHMOND HILL, ONTARIO, CA IND ICH ROBERS OF INFER ADDRESS OTH-ST-ZPP ORLANDO, FL 32811											
RICHMOND HILL, ONTARIO, CA IND ICH ROBERS OF INFER ADDRESS OTH-ST-ZPP ORLANDO, FL 32811	SIGNATURE										
After May 1, 2004 Fee will be \$55.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VSD	SIGNATURE	Signature, typed or printed name of registered agent	are required	when reinstating)		DATE					
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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:

SKINATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #