

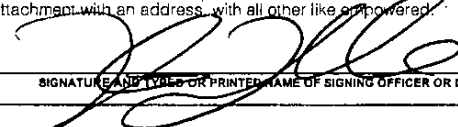


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000058923</b> 1. Entity Name <b>GOLF TERRACE SPECIAL, INC.</b>					
Principal Place of Business <b>C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD., SUITE 310 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>C/O HARRIS CRAMER, LLP 1555 PALM BEACH LAKES BLVD., SUITE 310 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
					
			02052007 Chg-P CR2E034 (12/06)		
			4. FEI Number <b>59-3725251</b>		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>CRAMER, LLP, HARRIS 1555 PALM BEACH LAKES BLVD. SUITE 310 WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent Name <b>Harris Cramer LLP</b> Street Address (P.O. Box Number is Not Acceptable) <b>1555 Palm Beach Lakes Blvd.</b> <b>Suite 310</b> City <b>West Palm Beach</b> FL Zip Code <b>33401</b>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <b>Harris Cramer LLP by Daryl Cramer &amp; Associates, P.A., Partner, by Daryl B. Cramer, President</b> </div> <div style="width: 20%; text-align: right;"> <b>3/30/07</b>  <small>DATE</small> </div> </div> <div style="text-align: center; margin-top: 5px;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK #9 & 10 RICHMOND HILL, ONTARIO, CA 14b 1c6	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000709368 04/25/07-80024-017 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MYERS, WILLIAM P 105 WEST BEAVER CREEK #9 & 10 RICHMOND HILL, ONTARIO, CA 14b 1c6	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLISKILA, WILLIAM J 4307 VINELAND ROAD #H-12 ORLANDO, FL 32811	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:  <b>Fabrizio Lucchesi</b> <b>March 6, 07</b> <b>905-882-1212</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					