2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005
Secretary of State

DOCUMENT# P01000083386

Entity Name: NORMAN GOLF MARKETING INC.

Current Principal Place of Business:

4672 KERNAN MILL LANE EAST
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4672 KERNAN MILL LANE EAST
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 04-3682346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORMAN, TRAVIS
4672 KERNAN MILL LANE EAST
JACKSONVILLE, FL 32224 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NORMAN, TRAVIS
Address: 4672 KERNAN MILL LANE EAST
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPD ( ) Delete
Name: TOWERY, AUSTIN
Address: 1701 THE GREENS WAY STE 123
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: SD (X) Delete
Name: ORENDER, M.G.
Address: 3909 DUVAL DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: TOWERY, AUSTIN
Address: 4672 KERNAN MILL LANE EAST
City-St-Zip: JACKSONVILLE, FL 32224

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 Section 119.07(3)(i), 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: TRAVIS A. NORMAN PD 05/20/2005

Electronic Signature of Signing Officer or Director — Date