2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P01000119703

Entity Name: BPW GOLF - USA, INC.

Current Principal Place of Business:

814 W. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Principal Place of Business:

4025 POST ROAD
MELBOURNE, FL 32934 US

Current Mailing Address:

814 W. NEW HAVEN AVE.
MELBOURNE, FL 32901

New Mailing Address:

4025 POST ROAD
MELBOURNE, FL 32934 US

FEI Number: 59-3738812 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASON, TIMOTHY SR
4025 POST RD
MELBOURNE, FL 32934 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: D ( ) Delete
Name: CASON, TIMOTHY SR
Address: 4025 POST RD.
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete
Name: CASON, YVETTE
Address: 4025 POST RD.
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete
Name: CASON, FAITH
Address: 4025 POST RD.
City-St-Zip: MELBOURNE, FL 32934

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 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: TIMOTHY P CASON SR PRES 04/29/2005

Electronic Signature of Signing Officer or Director Date