2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000119703

Entity Name: BPW GOLF - USA, INC.

FILED Apr 30, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|---------------------------------|---|--|--|
| 4025 POS MELBOUF | T ROAD RNE, FL 32934 | US | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 4025 POS MELBOUF | T ROAD RNE, FL 32934 | US | | | |
| FEI Number | : 59-3738812 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | l Address of C | urrent Registered Agent: | Name and Address o | f New Registered Agent: | |
| CASON, TIMOTHY SR | | | | | |
| 4025 POS MELBOUF | T RD RNE, FL 32934 | US | | | |
| | named entity s e of Florida. | ubmits this statement for the p | purpose of changing its registered | d office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | D () CASON, TIMOTH 4025 POST RD. MELBOURNE, F | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () CASON, YVETT 4025 POST RD. MELBOURNE, F | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | D () CASON, FAITH 4025 POST RD. MELBOURNE, F | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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. D 04/30/2007