2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052371

Entity Name: ASHWORTH GROUP, INC.

FILED Mar 10, 2009 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
3066 LANDMARK BLVD SUITE 1305 PALM HARBOR, FL 34684 US						
Current Mailing Address:			New Mailir	New Mailing Address:		
3066 LANDMARK BLVD SUITE 1305 PALM HARBOR, FL 34684 US						
FEI Number: 01-0687359 FEI Number Applied For () FEI Nu			El Number Not Appli	nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
LEE, EMILY J 3066 LANDMARK BLVD SUITE 1305 PALM HARBOR, FL 34684 US						
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:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PRES () Dele LEE, EMILY J 3066 LANDMARK B PALM HARBOR, FL	LVD # 1305	Title: Name: Address: City-St-Zip:	()0	change () Addition	
Title: Name: Address: City-St-Zip:	SVP () Deli LEE, WILLIAM S 3066 LANDMARK B PALM HARBOR, FL	LVD # 1305	Title: Name: Address: City-St-Zip:	() C	change () Addition	
Title: Name: Address: City-St-Zip:	DIR () Dele LEE, KRISTEN 2464 NW OAKCRES ISSAQUAH, WA 98	ST DRIVE	Title: Name: Address: City-St-Zip:	DIR (X) C LEE, KRISTEN 2465 NW OAKCR ISSAQUAH, WAS		
Title: Name: Address: City-St-Zip:	DIR () Del LEE, ROBERT 2465 NW OAKCRES ISSAQUAH, WA 98	ST DRIVE	Title: Name: Address: City-St-Zip:	()0	change () Addition	
Title: Name: Address: City-St-Zip:	DIR () Del DORRIS, KRISTA 28A JUSTIN WAY JACKSON, NJ 0852		Title: Name: Address: City-St-Zip:	DIR (X) O DORRIS, KRISTA 121 COTTAGE ST MILLVILLE, NJ 0	FREET	
Title: Name: Address: City-St-Zip:	DIR () Del CLEM, SHAARON L 8863 70TH STREET PINELLAS PARK, F	NORTH	Title: Name: Address: City-St-Zip:	()0	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						

SIGNATURE: EMILY J LEE **PRES** 03/10/2009 Date

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.