
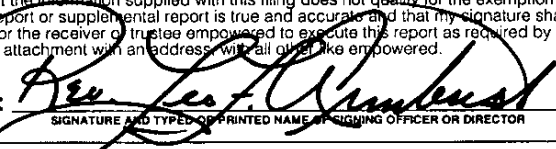


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90192 027 \*\*\*158.75

<b>DOCUMENT # P02000053672</b> 1. Entity Name <b>ACCOLADE GOLF CORPORATION</b>			
Principal Place of Business <b>11380 PROSPERITY FARMS RD., SUITE 209B PALM BCH GARDENS, FL 33410</b>		Mailing Address <b>11380 PROSPERITY FARMS RD., SUITE 209B PALM BCH GARDENS, FL 33410</b>	
2. Principal Place of Business <b>2200 PGA Blvd</b> Suite, Apt. #, etc. <b>Suite 103</b> City & State <b>Palm Beach Gardens FL</b> Zip <b>33410</b>		3. Mailing Address <b>2200 PGA Blvd</b> Suite, Apt. #, etc. <b>Suite 103</b> City & State <b>Palm Beach Gardens FL</b> Zip <b>33410</b>	
4. FEI Number <b>05-0567716</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02162005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>HAILE, SHAW &amp; PFAFFENBERGER, P.A. 11780 US HWY. ONE, SUITE 300 N. PALM BCH, FL 33408</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LEOF, ARMBURST</b> <b>11380 PROSPERITY FARMS RD., SUITE 209B</b> <b>PALM BCH GARDENS, FL 33410</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2200 PGA Blvd, Suite 103</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>FAZIO, VINCENT M</b> <b>631 US HWY ONE, SUITE 412</b> <b>N PALM BEACH, FL 33408</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>STUMP, MITCHELL</b> <b>26 PRINCEWOOD LANE</b> <b>PALM BEACH GARDENS, FL 33410</b>	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 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>4/16/05</b> Daytime Phone # <b>361.776.0890</b>	