

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128996

FILED
Apr 29, 2005
Secretary of State

Entity Name: TM GOLF ORTHOTICS, INC.

Current Principal Place of Business:

2901 SW 41 ST
206
OCALA, FL 34474

New Principal Place of Business:

4972 NW 45 RD
104
GAINESVILLE, FL 32606

Current Mailing Address:

2901 SW 41 ST
206
OCALA, FL 34474

New Mailing Address:

4972 NW 45 RD
104
GAINESVILLE, FL 32606

FEI Number: 57-1145103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOWERY, TOM
2901 SW 41 ST
206
OCALA, FL 34474 US

Name and Address of New Registered Agent:

MOWERY, TOM
4972 NW 45 RD
104
GAINESVILLE, FL 32606 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: _____

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOWERY, TOM
Address: 2901 SW 41 ST #206
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOWERY, TOM
Address: 4972 NW 45 RD #104
City-St-Zip: GAINESVILLE, FL 32606

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: TOM MOWERY

D

04/29/2005

Electronic Signature of Signing Officer or Director

Date