2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019049

Entity Name: ARROWHEAD JUNIOR GOLF TOUR, INC.

MCDOWELL, MARGARET R

FORT WALTON BEACH, FL 32578 US

372 MARIE CIRCLE

Name:

Address:

City-St-Zip:

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 225 MAIN STREET SUITE 12 DESTIN, FL 32541 **New Mailing Address: Current Mailing Address:** 225 MAIN STREET SUITE 12 DESTIN, FL 32541 US FEI Number: 02-0691585 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCDOWELL, MARGARET R 225 MAIN STREET SUITE 12 DESTIN, FL 32541 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRFS () Delete Title: () Change () Addition Name: MCDOWELL, PAUL G Name: 372 MARIE CIRCLE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: Title: VICE Title: () Delete () Change () Addition Name: MCDOWELL, MARGARET R Name: 372 MARIE CIRCLE Address: Address: FORT WALTON BEACH, FL 32548 US City-St-Zip: City-St-Zip: () Delete Title: Title: SEC () Change () Addition MCDOWELL, PAUL G Name: Name: 372 MARIE CIRCLE Address: Address: City-St-Zip: FORT WALTON BEACH, FL 32548 US City-St-Zip: Title: TREA () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MARGARET R. MCDOWELL VP 01/10/2007