## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000046765

City-St-Zip:

CONCINNATI, OH 00000

FILED Apr 25, 2005 Secretary of State

Entity Nar	ne: GOLFING	ENTERPRISES, INC.						
Current Principal Place of Business:				New Principal Place of Business:				
14797 GLEN EDEN DRIVE NAPLES, FL 34110				437 TRADEWINDS AVE NAPLES, FL 34108				
Current Mailing Address:				New Mailing Address:				
14797 GLEN EDEN DRIVE NAPLES, FL 34110			437 TRADEWINDS AVE NAPLES, FL 34108					
FEI Number:		FEI Number Applied For (X)	FEI Num	nber Not Appl	plicable ( ) Certificate of Status Desired ( )			ed ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
PRICE, MICHAEL 4797 GLEN EDEN DRIVE NAPLES, FL 34110 US			PRICE, MICHAEL 437 TRADEWINDS AVE NAPLES, FL 34108 US					
	named entity s of Florida.	ubmits this statement for the p	urpose of	f changing it	ts registered	d office or r	egistered agent	, or both,
SIGNATURE:				04/25/2005				
	Electroni	ic Signature of Registered Age	nt				Date	
Election Car	npaign Financing	Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () DELANEY, ROB 25821 PEBBLEG BONITA SPRING	CREEK DRIVE		Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	VP () PRICE, MICHAE 14797 GLEN ED NAPLES, FL 34	EN DRIVE		Title: Name: Address: City-St-Zip:	VP PRICE, MICI 437 TRADE\ NAPLES, FL	VINDS AVE	( ) Addition	
Title: Name: Address:	VP,S () SPURRIER, THO 12098 DEERHO	DMAS D		Title: Name: Address:	VP,S SPURRIER, 12098 DEEF		( ) Addition	

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.

City-St-Zip:

CINCINNATI, OH 00000

SIGNATURE: MICHAEL PRICE VΡ 04/25/2005