2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2008 8:00 am Secretary of State



Expression of Country	1. Entity Name	MENT # P04000138 TIONAL GOLF ACADEMY			04-23-2008	90145 0.	38 ****13(J.00		
Suite. Apt. •, otc. Suite. Apt. •, otc. Suite. Apt. •, otc. O4172008 Chg.P CR2E034 (12/06) City & State A. FEI Number 20-1716195 Applied	1104 SE WESTCHESTER DRIVE		1104 SE WESTCHESTER DRIVE				Bin Bibli Cbih Cbih Adi	DI MERON (1100) IN	IP (dag) ingin (di)	ITO II JESI
City & State	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired S. 38.75 Additional fee Required Fee Re	Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172008	Chg-P	CR2E0	34 (12/06)	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 104 SE WESTCHESTER DRIVE PORT SAINT LUCIE, FL 34952 City FL 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 Roide. Lam familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P.D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE **OPEN SAINT LUCIE, FL 34952 Delege TILE OFFICERS AND DIRECTORS OTHERS OF SAINT LUCIE, FL 34952 OTH SL-2P Delege TILE SIREH AUDRESS OTH SL-2P Delege TILE OR SIREH AUDRESS OTH SL-2P OR SAINT LUCIE, FL 34952 OTH SL-2P OR SIREH AUDRESS OTH SL	City & State		City & State			1	195			plied For t Applicable
Name Street Address (P.O. Box Number is Not Acceptable)	Zip Country		Zip	Zip Country		5. Certificate of	f Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named cruty submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent and the 4 aphcable. FILE NOWIT! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE DEBORTOLI, MARIE CLAIRE SIREELADORSS CITY ST-2P PORT SAINT LUCIE, FL 34952 Debte ITILE NAME SIREELADORSS CITY ST-2P Debte ITILE NAME SIREELADORSS CITY ST-2P Debte ITILE NAME SIREELADORSS CITY ST-2P TITLE SIREELADORS		6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	egistered A	gent	
8. The above named onliny 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 a the obligations of registered agent. SIGNATURE Signature typed or printed nume or registered agent and size 4 appacable (NOTE Registered Agent sprature required when resistance) DATE	1104 SE WESTCHESTER DRIVE				Street Address	(P.O. Box Number	is Not Acceptable	e)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. Signature					City	*****			Zip Code	
ITILE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	the obligati	ons of registered agent. Signature, typed or printed name or registered agent E NOW!!! FEE IS \$150.00	i and site if applicable. (NO	aign Fina	ed Agent signature require	d when reinstaling)				
NAME STREET ADDRESS CITY-ST-ZIP DE BORTOLI, MARIE CLAIRE 1104 SE WESTCHESTER DRIVE PORT SAINT LUCIE, FL 34952 Delete Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
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indicated on this report or supplemental reports 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 trusted empowered to execute this report as required by Chapter 607. Florida Statules; 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.

GNATURE:

GNATURE:

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

dylvilo de Borbi.