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04242006 Chg-P CR2E034 (11/05)

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000002434

1. Entity Name
SCRATCH GOLFER, INC.

Principal Place of Business	Mailing Address
3129 RIVIERA DRIVE NAPLES, FL 34103	3129 RIVIERA DRIVE NAPLES, FL 34103

2. Principal Place of Business	3. Mailing Address
113 Conners Avenue	113 Conners Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, Florida	City & State: Naples, Florida
Zip: 34108 Country: USA	Zip: 34108 Country: USA

4. FEI Number: 20-2254725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NOVATT, JEFF M 821 FIFTH AVENUE SOUTH SUITE 201 NAPLES, FL 34102	Name Street Address (P.O. Box Number is Not Acceptable) 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, SCOTT W 3129 RIVIERA DRIVE NAPLES, FL 34103 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLLAND, SCOTT W. 113 CONNERS AVENUE NAPLES, FL 34103 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Scott W. Holland, President 4/28/06 8006851346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #