

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000096925

Entity Name: TOUR FIT GOLF, INC.

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

2201 SE INDIAN ST.
H-17
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2201 SE INDIAN ST.
H-17
STUART, FL 34997

New Mailing Address:

FEI Number: 20-3097574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELLINGER, BRADFORD J
622 SE DEAN TERRACE
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

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:

Title: CP () Delete
Name: FELLINGER, BRADFORD J
Address: 2201 SE INDIAN ST UNIT H-17
City-St-Zip: STUART, FL 34997

Title: VT () Delete
Name: THFELLINGER, JOANNA
Address: 2201 SE INDIANA ST. UNIT H-17
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: T.H.FELLINGER, JOANNA
Address: 2201 SE INDIAN ST. UNIT H-17
City-St-Zip: STUART, FL 34997

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

SIGNATURE: BRAD FELLINGER

CP

01/07/2009

Electronic Signature of Signing Officer or Director

Date