

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90846 016 \*\*\*150.00

DOCUMENT # P05000107527					
1. Entity Name <b>GOLF EXPOSURE, INC.</b>					
Principal Place of Business <b>10434 FLY FISHING ST. RIVERVIEW, FL 33569</b>			Mailing Address <b>10434 FLY FISHING ST. RIVERVIEW, FL 33569</b>		
2. Principal Place of Business - No P.O. Box # <b>2566 REGAL RIVER RD</b>		3. Mailing Address <b>2566 REGAL RIVER RD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>VALRICO FLORIDA</b>		City & State <b>VALRICO FLORIDA</b>		4. FEI Number <b>20-3246027</b>	
Zip <b>33594</b>		Country <b>HILLSBOROUGH</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33594</b>		Country <b>HILLSBOROUGH</b>		6. Name and Address of Current Registered Agent  <b>HICKS, STEVEN J. 10434 FLY FISHING ST. RIVERVIEW, FL 33569</b>	
7. Name and Address of New Registered Agent  <b>NORMAN A HARRIS JR</b>		Street Address (P.O. Box Number is Not Acceptable) <b>2566 REGAL RIVER RD</b>			
City <b>VALRICO</b>		FL		Zip <b>33594</b>	
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 <i>Norman A Harris Jr</i>				DATE <b>4/27/07</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, NORMAN A. JR. 2566 REGAL RIVER RD. VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HICKS, STEVEN J. 10434 FLY FISHING ST. RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Norman A Harris Jr</i>			DATE <b>4/27/07</b> (813) 220-4354		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		