


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90069 018 \*\*\*150.00

DOCUMENT # P06000060619	
1. Entity Name ALL ABOUT GOLF INC	

Principal Place of Business 5055 OAKHILL LN - # 224 DELRAY BEACH FL 33484 <i>14590 Military Trail Delray Beach, FL 33484</i>	Mailing Address 5055 OAKHILL LN - # 224 DELRAY BEACH FL 33484 <i>Same as place of business</i>
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2. Principal Place of Business - No P.O. Box <i>14590 Military Trail</i>	3. Mailing Address <i>14590 Military Trail</i>
Suite, Apt. #, etc. <i>E-12</i>	Suite, Apt. #, etc. <i>E-12</i>

1st MOORE CR2E034 (10/06)

City & State <i>Delray Beach FL</i>	City & State <i>Delray Beach FL</i>
Zip <i>33484</i>	Zip <i>33484</i>
Country <i>Palm Beach</i>	Country <i>Palm Beach</i>

4. FEI Number <i>33-1137155</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  NICOLINI, ANTHONY J 5055 OAKHILL LN - # 224 DELRAY BEACH FL 33484	
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7. Name and Address of New Registered Agent Name <i>Anthony J. Nicolini</i> Street Address (P.O. Box Number is Not Acceptable) <i>5055 Oak Hill Lane #224</i> City <i>Delray Beach</i> FL Zip Code <i>33484</i>	
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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>Anthony J. Nicolini</i> <i>Clay Vee</i> <i>3/9/07</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT NICOLINI, ANTHONY J <i>President</i> <input type="checkbox"/> Delete 5055 OAKHILL LN - # 224 DELRAY BEACH FL 33484 <i>Home Address</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS NICOLINI, CHRISTIANN S <i>Vice President</i> <input type="checkbox"/> Delete 5055 OAKHILL LN - # 224 DELRAY BEACH FL 33484 <i>Home Address</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 Section 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: <i>Anthony J Nicolini</i> <i>3/9/07</i> <i>561-495-1605</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>3/9/07</i>	Daytime Phone # <i>561-495-1605</i>
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