
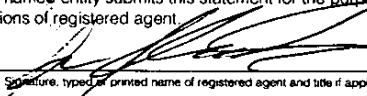
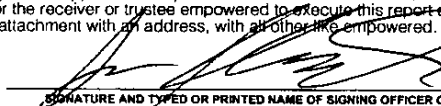


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90010 032 ***150.00

DOCUMENT # P06000093454					
1. Entity Name FIST PUMP GOLF, CORP.					
Principal Place of Business 3506 NW 37 AVE GAINESVILLE, FL 32605			Mailing Address 3506 NW 37 AVE GAINESVILLE, FL 32605		
2. Principal Place of Business - No P.O. Box # 6734 S.W. 81 st Terrace		3. Mailing Address 6734 S.W. 81 st Terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Gainesville, FL		City & State Gainesville, FL		4. FEI Number 20-5211374	
Zip 32608		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOLODOVNIK, SEAN 3506 NW 37 AVE GAINESVILLE, FL 32605		7. Name and Address of New Registered Agent Name: Sean Solodovnick Street Address (P.O. Box Number is Not Acceptable): 6734 S.W. 81 st Terrace City: Gainesville, FL Zip Code: 32608			
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:  DATE: 4/18/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME SOLODOVNIK, SEAN STREET ADDRESS 3506 NW 37 AVE CITY-ST-ZIP GAINESVILLE, FL 32605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME RUCAREAN, TYLER STREET ADDRESS 3506 NW 37 AVE CITY-ST-ZIP GAINESVILLE, FL 32605	<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 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: 			Date: 4/18/08 Daytime Phone #: 352-219-0124		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40101200



05092008 Chg-P CR2E034 (12/06)

ATTACHMENT

40101208

P06000093454

May 8th 2008

Sean Solodovnick
President – Fist Pump Golf, Corp.
6734 S.W. 81st Terrace
Gainesville, FL 32608

To Whom It May Concern:

This letter is to inform the office of a change in address. My payment was sent back to me recently due to what your office referred to as an “incorrect address”. My new address is printed on the form I have re-printed (and included it above). Your agent whom I spoke to seems to think it was the post office that returned it to me, but truthfully I just opened the envelope and threw it away before I saw the exterior stamping, so I can’t say for sure. I have enclosed the \$150 for renewal in hopes that you will waive the late fee for me due to the address oversight. Thank you in advance. Any questions please call me at (352) 219-0124. I really appreciate your consideration.....

Sean Solodovnick.