2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# P06000108155

Entity Name: CELEBRATION ADVENTURE GOLF, INC.

Current Principal Place of Business:

6073 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34747

New Principal Place of Business:

Current Mailing Address:

6073 WEST IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34747

New Mailing Address:

FEI Number: 20-5916104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, SCOTT
2261 MAINSAIL COVE
KISSIMMEE, FL 34746 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:	P/D	( ) Delete
Name:	LEE, SCOTT	
Address:	2261 MAINSAIL COVE	
City-St-Zip:	KISSIMMEE, FL 34746 US	
Title:	VP/D	( ) Delete
Name:	LEE, BRYAN	
Address:	2261 MAINSAIL COVE	
City-St-Zip:	KISSIMMEE, FL 34746 US	
Title:	S/D	( ) Delete
Name:	DANNEN, DOUG	
Address:	5566 BROOKLINE DRIVE	
City-St-Zip:	ORLANDO, FL 32819 US	
Title:	T/D	( ) Delete
Name:	DEMATTIO, DEAN	
Address:	141 NORTH GATE ROAD	
City-St-Zip:	MYRTLE BEACH, SC 29572 US	
Title:	D	( ) Delete
Name:	ZITO, KENNETH	
Address:	138 WEST BERLIN	
City-St-Zip:	BOLTON, MA 01740	
Title:	D	( ) Delete
Name:	CONTINI, MICHAEL	
Address:	1474 TERRACE ROAD N.W.	
City-St-Zip:	NEW PHILADELPHIA, OH 44663	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SCOTT LEE PRES 01/19/2009

Electronic Signature of Signing Officer or Director — Date