2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000110225

City-St-Zip: TAMPA, FL 33616

Entity Name: MURPHY'S GOLF ACADEMY INC

FILED Apr 28, 2009 Secretary of State

Entity Nar	me: MURPHY	"S GOLF ACADEMY INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1007 CYPRESS VILLAGE BLVD RUSKIN, FL 33573 US			8516 HEP STREET TAMPA, FL 33615	US	
Current M	lailing Addres	ss:	New Mailing Addre	New Mailing Address:	
1007 CYPRESS VILLAGE BLVD RUSKIN, FL 33573 US			8516 HEP STREET TAMPA, FL 33615	US	
FEI Number: 59-3333806 FEI Number Applied For () FEI Nu			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
MURPHY, BRIANNE L 1007 CYPRESS VILLAGE BLVD RUSKIN, FL 33573 US				MURPHY, BRIANNE L 8516 HEPP STREET TAMPA, FL 33615 US	
	named entity see of Florida.	submits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE:				04/28/2009	
	Electror	nic Signature of Registered Age	nt	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MURPHY, BRIA	REET NORTH #702	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (X GUNNIP, CHER 10422 TULIP F RIVERVIEW, F	IELD WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BEAVER, EMIL) Delete Y /ESTSHORE BLVD # 1022	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: BRIANNE L. MURPHY PRES 04/28/2009