


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P33566
 1. Entity Name
 SAN DIEGO GOLF ACADEMY, INC.



Principal Place of Business Mailing Address
 1200 E. ALTAMONTE DRIVE 7373 N. SCOTTSDALE BLVD.
 UNIT 1010 SUITE B-100
 ALTAMONTE SPRINGS, FL 32701 US SCOTTSDALE, AZ 85254 US

DO NOT WRITE IN THIS SPACE



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 95-3609840 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TURNER, BRAD
 THE GOLF ACADEMY OF THE SOUTH
 1200 E. ALTAMONTE DRIVE, UNIT 1010
 ALTAMONTE SPRINGS, FL 32701

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD POWELL, DANA K 6025 E. HORSESHOE ROAD PARADISE VALLEY, AZ 85253
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD POWELL, PETER 6025 E. HORSESHOE ROAD PARADISE VALLEY, AZ 85253
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 08/05/05-80001-012 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* Date: 7/29/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR