2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P93000028251



FILED Apr 10, 2006 8:00 am Secretary of State

04-10-2006 90342 021 ***150.00 EAST BAY EXECUTIVE GOLF COURSE, INC. Mailing Address Principal Place of Business 22 SUNNINGDALE DRIVE 1474 JORDAN HILLS COURT **GROSSE POINTE SHORES, MI 48236** US CLEARWATER, FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 CR2E034 (11/05) Chg-P Applied For City & State 4. FEI Number City & State 59-3192421 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRUNSON, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1474 JORDAN HILLS COURT CLEARWATER, FL 33756 Zip Code City 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_ (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition **PRES** Delete TITLE TITLE WALLRICH, WAYNE T NAME NAME STREET ADDRESS STREET ADDRESS 22 SUNNINGDALE DRIVE CITY-ST-ZIP GROSSE POINTE SHORES, MI 48236 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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.