

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000027974

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: SABER TOOTH GOLF COMPANY

**Current Principal Place of Business:**

5150 PALM VALLEY ROAD  
SUITE 202  
PONTE VEDRA BEACH, FL 32082 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2299  
PONTE VEDRA BEACH, FL 32004 US

**New Mailing Address:**

FEI Number: 59-3308681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALKER, JAMES V  
217 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32004 US

**Name and Address of New Registered Agent:**

HUEBER, DAVID B  
5150 PALM VALLEY ROAD  
SUITE 202  
PONTE VEDRA BEACH, FL 32082 US

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: DAVID B HUEBER      04/28/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: HUEBER, DAVID B  
Address: 123 NANDINA CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID B HUEBER      D      04/28/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date