2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# P95000077657

Entity Name: SWING-LINE GOLF, INC.

Current Principal Place of Business:

680 TAMIAMI TRAIL N
NAPLES, FL 34102 US

New Principal Place of Business:

850 CENTRAL AVE. N.
#104
NAPLES, FL 34102 US

Current Mailing Address:

4417 W ALHAMBRA #1
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0611798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMB, JEFFREY
809 WALKERBILT RD.
5
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

TAX ACCOUNTING & FINANCIAL ASSOC., INC.
809 WALKERBILT RD.
5
NAPLES, FL 34110 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: B. COTTRELL 04/17/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: COLLISON, SHANE S
Address: 5639 TAYLOR RD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: COLLISON, SHANE S
Address: 4417 W. ALHAMBRA #1
City-St-Zip: NAPLES, FL 34109

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: SHANE COLLISON DPST 04/17/2008
Electronic Signature of Signing Officer or Director Date