

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2006 8:00 am**  
**Secretary of State**

05-12-2006 90025 035 \*\*\*150.00

**DOCUMENT # P96000041664**

1. Entity Name  
**KEN VENTURI GOLF ACADEMIES, INC.**



Principal Place of Business  
**% 2201 N. BUFFALO DR APT 1048  
LAS VEGAS, NV 89128**

Mailing Address  
**% 2201 N. BUFFALO DR APT 1048  
LAS VEGAS, NV 89128**

**66021919**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07052006 Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3386915**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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  **Janet Budhu, Asst. Vice President** **7/10/06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, THOMAS M		NAME	O'NEIL, THOMAS M	
STREET ADDRESS	4630 SOUTH KIRKMAN ROAD, BOX 178		STREET ADDRESS	1200 EXIT FIVE PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	FISCHERS, IN 46038	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, PATRICK		NAME	SCHNEIDER, PATRICK	
STREET ADDRESS	4630 SOUTH KIRKMAN ROAD, BOX 178		STREET ADDRESS	19826 RIVERFALLS DR	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	DAVIDSON, NC 28036	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNIEDER, SCOTT		NAME	SCHNEIDER, SCOTT	
STREET ADDRESS	4630 SOUTH KIRKMAN ROAD, BOX 178		STREET ADDRESS	2201 N. BUFFALO DR Unit 1048	
CITY-ST-ZIP	ORLANDO, FL 32811		CITY-ST-ZIP	LAS VEGAS NV 89128	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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

SIGNATURE:  **SCOTT SCHNEIDER** **7/12/06** **702-202-2523**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT  
66021919

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 21, 2006

KEN VENTURI GOLF ACADEMIES, INC.  
2201 N. BUFFALO DR UNIT 48  
LAS VEGAS, NV 89128

Subject: KEN VENTURI GOLF ACADEMIES, INC.

Reference Number: P96000041664

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/lb

ANNUAL REPORTS SECTION

*I am not sure  
what else I need  
to do. PLEASE call  
ME 702-202-2523  
if I still have not  
done this right.  
Sincerely  
Scott Schneider*