1 10 10 10 10 FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 07, 2002 8:00 am Secretary of State P96000042515 DOCUMENT # 1. Entity Name AMERICAN EAGLE GOLF, INC. 02-07-2002 90182 011 ***150.00 Mailing Address Principal Place of Business 2225 CURLEW ROAD 2225 CURLEW RD PALM HARBOR FL 34683 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address 2225 CUKLEW 725 CUNLEW ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3377947 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FINANCIAL FOUNDATIONS, INC. 1301 SEMINOLE BLVD #155 **LARGO FL 34640** 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May-1-2002-Fee will be \$550.00 Tax filing requirement and elects to do so. Trust-Fund-Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change Addition TITLE TITLE ☐ Delete ORTON WALT H. HORTON, WALT H NAME NAME 2225 CURLEW RD STREET ADDRESS STREET ADDRESS Palm Harbor FL 34683 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF [] Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.9.2002 727.781.7040
Date Daylime Phone #