

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90077 015 \*\*\*150.00

<b>DOCUMENT # P96000042515</b> 1. Entity Name <b>AMERICAN EAGLE GOLF, INC.</b>																																	
Principal Place of Business <b>795 CR 1 LOT 55 PALM HARBOR FL 34683 US</b>			Mailing Address <b>795 CR 1 LOT 55 PALM HARBOR FL 34683</b>																														
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																															
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3377947</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				1st MOORE      CR2E034 (10/06)																													
6. Name and Address of Current Registered Agent  <b>HORTON, WALTER 795 CR 1 LOT 55 PALM HARBOR FL 34683</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Walter H. Horton</i></u> (NOTE: Registered Agent signature required when remaining)      DATE <u>1-30-2007</u>																																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>HORTON, WALT H</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>795 CR 1 LOT 55</b></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td><b>PALM HARBOR FL 34683</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>HORTON, WALT H</b>		STREET ADDRESS	<b>795 CR 1 LOT 55</b>		CITY- ST- ZIP	<b>PALM HARBOR FL 34683</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">Change <input type="checkbox"/></td> <td style="width: 10%;">Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/>	Addition <input type="checkbox"/>	NAME				STREET ADDRESS				CITY- ST- ZIP			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Walter H. Horton</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-30-2007</u> Telephone <u>727-771-7040</u>																														

*I have signed both Top and Bottom*