2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 06, 2008 08:00 A Secretary of State

	7.11.11.10.7.12	· <u>····</u>		_	_	, ,
DOCUMENT # P9700000302 1. Entity Name GOLF BALLS, INC.				\$	Secretary of St	
Principal Plac	ce of Business	Mailing Address	•			
25 S.W. 2ND Miami, FL 3		25 S.W. 2ND AVENUE MIAMI, FL 33130				
1 1						
					(
, r	O NOT WRITE	CE	03032008	No Chg-P	CR2E034 (11/05)	
DO NOT WITH IN THIS SPACE			CL	4. FEI Numb		Applied For Not Applicable
				5. Certificate	e of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				1 00 1000
GRAGG, K. LAWRENCE WHITE & CASE				DO	NOT WE	RITE
200 S. BISCAYNE BLVD., SUITE 4900 MIAMI, FL 33131				IN '	THIS SPA	ACE
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						
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered			ed Agent signature requires	d when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME	THOMAS, JACK K JR.					
STREET ADDRESS CITY-ST-ZIP	25 S.W. 2ND AVE MIAMI, FL 33130					
TITLE	D D				UOOAAA:	348779
NAME STREET ADDRESS	BLOCK, HENRY 25 S.W. 2ND AVE				03/20/08-1	348779 80032-007 150.00
CITY-ST-ZIP	MIAMI, FL 33130					
TITLE NAME						
STREET ADDRESS				DO	NOT W	DITE
CITY-ST-ZIP			-			
TITLE NAME				IN	THIS SPA	ACE
STREET ADDRESS CITY - ST - ZIP			· ·			
TITLE			1			
NAME STREET ADDRESS						
CITY - ST - ZIP						
TITLE NAME						
STREET ADDRESS						

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 hat my significance 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 trugles empowered to execute this report as required by Chapter 607, Florida Statutes; and that my dame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 358-5511 Dayline Phone #