2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000020761

1. Entity Name
GREEN GRASS GOLF, INC.

Principal Place of Business	Mailing Address
6613 STATE ROAD 54 NEW PORT RICHEY, FL 34653	6613 STATE ROAD 54 NEW PORT RICHEY, FL 34653

DO NOT WRITE IN THIS SPACE

01052006   No Chg-P   CR2E034 (11/05)
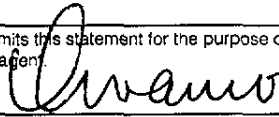
4. FEI Number	Applied For
59-3455266	Not Applicable

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

6. Name and Address of Current Registered Agent

MAURO, KENNETH
10620 ALICO PASS
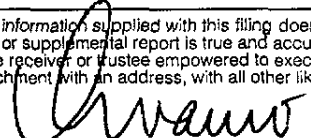NEW PORT RICHEY, FL 34655

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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 _____   1-5-06
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
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VPTS
NAME	MAURO, KENNETH
STREET ADDRESS	10620 ALICO PASS
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655

TITLE	
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 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: _____ KEN MAURO   1-5-06   7278439086
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #