


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90202 045 ***150.00

DOCUMENT # P97000045971	
1. Entity Name NORTH NAPLES GOLF RANGE, INC.	

Principal Place of Business 16979 OLD US 41 NAPLES FL 34110	Mailing Address 16979 OLD US 41 NAPLES FL 34110
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2. Principal Place of Business 15 8th Street Suite A Bonita Springs FL 34134 USA	3. Mailing Address 15 8th Street Suite A Bonita Springs FL 34134 USA
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1st MOORE CR2E034 (10/05)

4. FEI Number 65-0789408		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GOLDIE, JAMES M 16979 OLD US 41 NAPLES FL 34110		

7. Name and Address of New Registered Agent 15 8th Street Suite A Bonita Springs FL 34134	
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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHEW, WILLIAM R 9420 WARMINGTON ROAD SW MASSILLON OH 44646 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 15 8th Street Suite A Bonita Springs FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, ALLEN W 4051 WHIPPLE AVENUE NW CANTON OH 44718 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 15 8th Street Suite A Bonita Springs FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GOLDIE, JAMES M 16979 OLD US 41 NAPLES FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 15 8th Street Suite A Bonita Springs FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James M Goldie **3/31/06 239 495 2009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #