2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

Principal Place of Distiness	DOCUMENT # P9800000871 1. Entity Name GOD'S GOLFBALL PRODUCTIONS, INC.							04-22-2005	90270 0	07 ***15	50.00
Suite April 4, etc.	10474 114TH AVE N			474 114TH AVE N				,			
Suite April 4, etc.	2. Principal Place of Business			3. Mailing Address							
Space	Suite, Apt.	#, etc.	s	Suite, Apr. #, etc.			_				780(71 105)
25	City & Stat	е	C	City & State				200			
The above named entry submits this statement for the purpose of changing its registered agent, or both, in the Size of Rorizo, Lan territory with, and acceptable	Zip	Country	Z	Zip Count		ntry		S8.75 Additional			
ROFT, GARY 10474 114TH AVE. N LARGO, FL 33773 8. The above named entity submits this statement for the purpose of changing its registered defice or registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Sizel of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the Obligation of registered agent, or both		6. Name and Address of C	urrent Registr	ared Agent			7 Name and A	ddress of New R			
Sireel Address (P.O. Box Number is Not Acceptable) City FL Zip Code		0. Notice and Add (639 0) C	Glan	orea Agent		Name	7. Name and A	COLESS OF HEW H	egistered A		
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	10474 114TH AVE. N					,					
Signature Sign						City			FL	Zip Code	е
THE NOW!!! FEE IS \$150.00	8. The above the obligat	named entity submits this stater tions of registered agent.	ment for the pu	rpose of changing its	register	ed office or regist	ered agent, or both,	in the State of Flo	orida. Lam f	amiliar with.	and accept
### Added to Fees 10.	SIGNATURE.	Signature, typed or crinted name or register	ed agent and title if	applicable (NOTE	Registere	rd Agent signature requir	ed when reinstating)		DATE		
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Indicated on this report or 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-18-05 727-397-534