


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90182 006 ***150.00

DOCUMENT # P99000038178	
1. Entity Name GOLF ASSOCIATES, INC.	

Principal Place of Business 636 U.S. HIGHWAY ONE, SUITE 188 NORTH PALM BEACH, FL 33408	Mailing Address 636 U.S. HIGHWAY ONE, SUITE 188 NORTH PALM BEACH, FL 33408
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2. Principal Place of Business 3301 Old Wales Road	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Wales Fla	City & State
Zip 33898	Country Polo

02172004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0922808	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MACKAIL, RON T 636 US HWY ONE SUITE 118 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Mackail, Ron T. Street Address (P.O. Box Number is Not Acceptable) 3301 Old Wales Road Lake Wales Fla 33898 City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	MACKAIL, RON T	TITLE PD VPD TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MACKAIL, RON T	636 U.S. HIGHWAY ONE, SUITE 188	NAME Mackail, Ron T.	
STREET ADDRESS 636 U.S. HIGHWAY ONE, SUITE 188	NORTH PALM BEACH, FL 33408	STREET ADDRESS 3301 Old Wales Road	
CITY-ST-ZIP NORTH PALM BEACH, FL 33408		CITY-ST-ZIP Lake Wales Fla 33898	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD	MILLAR, STEWART	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLAR, STEWART	636 U.S. HIGHWAY ONE, SUITE 188	NAME	
STREET ADDRESS 636 U.S. HIGHWAY ONE, SUITE 188	NORTH PALM BEACH, FL 33408	STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	
TITLE T	MILLAR, STEWART	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLAR, STEWART	636 U.S. HIGHWAY ONE, SUITE 188	NAME	
STREET ADDRESS 636 U.S. HIGHWAY ONE, SUITE 188	NORTH PALM BEACH, FL 33408	STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	
TITLE S	MILLAR, JAMES	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLAR, JAMES	636 U.S. HIGHWAY ONE, SUITE 188	NAME	
STREET ADDRESS 636 U.S. HIGHWAY ONE, SUITE 188	NORTH PALM BEACH, FL 33408	STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH, FL 33408		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Ron T Mackail* 4-21-04 863-676-8558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #