FILED Feb 23, 2006 8:00 am Secretary of State 02-23-2006 90012 046 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

AIIIIOAL IIII OIII	
DOCUMENT # P99000089916	
1. Entity Name NAME IT GOLF, INC.	
MANUE IT GOLI, INC.	
Principal Place of Business Mailing Address	
5617 N.W. 84TH TERRACE 5617 N.W. 84TH TERRACI TAMARAC, FL 33351 TAMARAC, FL 33351	
TAPANANC, TE 33331	
Principal Place of Business 3. Mailing Address	
	57
Suite, Apt. #, etc. Suite, Apt. #, etc.	01302006 Chg-P CR2E034 (11/05)
City & State City & State	4. FEI Number Applied For 65-0999569 Not Applied by Not Applicable
TAMARAC F	Country 5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name
DRUCKER, WARREN 5617 NW 84TH TERR	Street Address (P.O. Box Number is Not Acceptable)
TAMARAC, FL 33351	
	City E Zip Code
The phase people with a shall this statement for the grapes of charging its re-	<u> </u>
the obligations of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATUREXIVA	President 2-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	ogstøred Agent signeture required when renstating) DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Trust Fund Contrib	
Arter may 1, 2000 Fee will be \$330.00	
10. OFFICERS AND DIRECTORS TITLE PRES Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE
NAME DRUCKER, WARREN	NAME DRUCKER FRANK
STREET ADDRESS 12628 NW 8TH CT CITY-ST-ZIP CORAL SPRINGS, FL 33071	STREET ADDRESS 10309 NW 5th ST CITY-ST-ZIP PLANTATION FL 33724
TITLE Delete	TITLE Change Addition
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE Delets	TITLE Change Addition
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CTY-ST-ZIP
TITLE Delete	TITLE Change Addition
STREET ADDRESS CITY-51-70P	STREET ADDRESS CITY-ST-ZIP
TITLE Delete	TITLE Change Addition
NAME	NAME
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
TITLE Delete	TITLE Change Addition
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-SI-ZIP	CITY-ST-ZIP .
12. Thereby 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	
	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:	required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

2/1/06

ALIACHMENT 1799 0000 89916

40016814

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
 Check must be payable in United States Funds and through a United States Bank.
- · Submit report with a separate check for each filing.
- · Changes must be typed or printed in ink and legible.
- Sign report in block 12.
- * The fee to file the profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.

Warren, Please sign et 2 x's mail to evicled address
Thank you
Tearl

- Block 1. Block 1 contains the name, document number, mailing address and principal place of business last reported to our office. You carnot change the name on this form. You must file an amendment to change the name. For amendment information, call (850) 245-6050, or download forms at www.sunbiz.org.
- Block 2 & 3. If the principal place of business address in Block 1 is incorrect, enter the correct address in Block 2. If the preprinted mailing address in Block 1 is incorrect, enter the new mailing address in Block 3. A Post Office Box is acceptable.
- Block 4. If blank, complete Block 4 by entering your Federal Employer Identification (FEI) number or checking either applied for or not applicable. FEI numbers are not assigned by the Division of Corporations. For assistance with FEI numbers, call the IRS at (800) 829-1049.
- Block 5. Should you desire a certificate reflecting your entity's status after the filing of this report, check the BOX in Block 5 and include an additional \$8.75 with your filing fee. Only one certificate can be issued at the time of the report filing.
- Block 6. The law requires that each entity have a Registered Agent with a Florida strest address. If the information in Block 6 is incorrect, enter the correct information in Block 7. There is no additional fee to change the Registered Agent on this form.
- Block 7. If a new Registered Agent has been appointed, enter the new agent's name and/or address in box 7. This must be a Florida Street address. A P.C. Box or mail service (PMB) is NOT acceptable for service of process. A CORPORATION CANNOT SERVE AS ITS OWN REGISTERED AGENT; however, a principal of the corporation can.
- Block 8. The new Registered Agent must accept the obligations and this appointment by completing and signing in Block 8. No signature is necessary if the same Registered Agent is retained. If the Registered Agent is a different entity, the person signing must state their position with the entity. **NOTE: Registered agent signature required when reinstating on this form.**
- Block 9. Horida law allows for a voluntary contribution of \$5.00 per taxpayer for the purpose of providing for public financing of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to contribute, check the box in Block 9 and include an additional \$5.00 with the filing fee.
- * Block 10. Block 10 contains the officers/directors last reported to our office. If blank, you must list the name and address of all officers/directors in Block 11. Please do not make any marks in Block 10 unless deleting an officer, corrections or additions are to be made in Block 11.
- Block 11. is for changes or additions to the existing Officers/Directors in Block 10. Changes must be typed or printed and legible. List all officers/directors. Attach a separate sheet if necessary. Use the following type symbols on the title line: P=President, V=Vice President, T=Treasurer; S=Secretary: D=Director, C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/T/D. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Chapter 119, Florida Statutes, an alternate address must be provided. Officers/Directors must provide an address. Florida Statutes require a physical address be given. The provision of a post office box in Block 10, 11 or on an attachment is an affirmation under oath that no other address is available.
- Block 12. This report must be signed in Block 12 with an original signature by an officer/director of the entity that is listed in Block 10. Block 11 if a change, or on an attachment. If the entity is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 12 is unacceptable.

Mail completed report to:

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500 Courier Address (overnight delivery)
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.