2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S17651

FILED Apr 23, 2008 Secretary of State

| Entity Name: TOUR A | ND GOLF FANTASIES INC. | | • | |
|---|----------------------------------|------------------------------------|--|--|
| Current Principal Place of Business: | | New Principal Place | of Business: | |
| 2661 W 81 ST HIALEAH, FL 33016 | US | | | |
| Current Mailing Address: | | New Mailing Address | New Mailing Address: | |
| 9455 COLLINS AVE. SUITE 1108 SURFSIDE, FL 33154 | US | | | |
| FEI Number: 65-0244201 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of (| Current Registered Agent: | Name and Address o | ne and Address of New Registered Agent: | |
| KASHIWAGI, TAKAYUK 9455 COLLINS AVE #1108 SURFSIDE, FL 33154 L | | | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electro | nic Signature of Registered Age | ent | Date | |
| Election Campaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: D (Name: KONO, FUMIAI |) Delete KI, | Title: P Name: TAKAYUKI, I | (X) Change () Addition KASHIWAGI | |

 Title:
 D
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 KONO, FUMIAKI,
 Name:
 TAKAYUKI, KASHIWAGI

 Address:
 1717 ALA WAI BLVD, #2803
 Address:
 9455 COLLINS AVE., #1108

 City-St-Zip:
 HONOLULU, HI 96815
 City-St-Zip:
 SURFSIDE, FL 33154

 Title:
 P
 () Delete
 Title:
 T
 (X) Change () Addition

Title: P () Delete Title: T (X) Change () Addition Name: TAKAYUKI, KASHINAGI Name: HISAKO, SHIMIZU

Address: 9455 COLLINS AVE., #1108 Address: 9455 COLLINS AVE., #1108
City-St-Zip: SURFSIDE, FL 33154 City-St-Zip: SURFSIDE, FL 33154

Title: T (X) Delete Title: () Change () Addition

 Name:
 HISAKO, SHIMIZU
 Name:

 Address:
 9455 COLLINS AVE., #1108
 Address:

 City-St-Zip:
 SURFSIDE, FL 33154
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TAKAYUKI KASHIWAGI P 04/23/2008