2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S77595

Title:

Name:

Address:

City-St-Zip:

CONT

DAVIS, WYNN

501 N HWY A1A

JUPITER, FL 33477

() Delete

FILED Nov 02, 2006 Secretary of State

Entity Nam	ne: MEDAL	IST GOLF COMPANY			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
501 N HWY JUPITER, F		US			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
501 N HW' JUPITER, F		US			
FEI Number:	65-0286741	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SCHNEIDER, JACK 501 N A1A JUPITER, FL 33477 US		501 N HWY Á1A	SCHNEIDER, JACK 501 N HWY A1A JUPITER, FL 33477 US		
The above in the State		y submits this statement for the purp	ose of changing its registe	red office or registered agent, or both,	
SIGNATURE:					
SIGNATUR				11/02/2006	
SIGNATUR		onic Signature of Registered Agent		11/02/2006 Date	
			ADDITIONS/CHAN		
OFFICERS Title: Name: Address: City-St-Zip:	Electron AND DIRE PD (NORMAN, GF 501 N HWY A JUPITER, FL	CTORS: () Delete REG 11A 33477	Title: Name: Address: City-St-Zip:	Date GES TO OFFICERS AND DIRECTORS: () Change () Addition	
OFFICERS Title: Name: Address:	Electron AND DIRE PD (NORMAN, GF 501 N HWY A JUPITER, FL	CTORS: () Delete REG A1A 33477 (X) Delete URA A1A	Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS:	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (NORMAN, GF 501 N HWY A JUPITER, FL NORMAN, LA 501 N HWY A JUPITER, FL	CTORS: () Delete REG A1A 33477 (X) Delete URA A1A 33477 () Delete RT A1A	Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JACK SCHNEIDER EVP 11/02/2006

() Change () Addition