


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P37518**  
1. Entity Name  
**CALGOLF, INC.**



Principal Place of Business      Mailing Address  
**55 SOUTH PARK STREET**      **55 SOUTH PARK STREET**  
**MONTCLAIR, NJ 07042**      **MONTCLAIR, NJ 07042**



01042006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**22-2266695**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MORRISON, RICHARD W.**  
**LEONARD & MORRISON, ATTORNEYS AT LAW**  
**4875 NORTH FEDERAL HIGHWAY, 10TH FLOOR**  
**FORT LAUDERDALE, FL 33308**

**DO NOT WRITE IN THIS SPACE**

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)  
Signature, typed or printed name of registered agent and title if applicable.

400000389590  
01/20/06 80053-018 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	JONES, REES
STREET ADDRESS	10 BELLECLAIRE PLACE
CITY-ST-ZIP	MONTCLAIR, NJ
TITLE	DS
NAME	JONES, SUSAN
STREET ADDRESS	10 BELLECLAIRE PLACE
CITY-ST-ZIP	MONTCLAIR, NJ
TITLE	T
NAME	MCDONOUGH, CATHY
STREET ADDRESS	55 SOUTH PARK ST
CITY-ST-ZIP	MONTCLAIR, NJ 07042
TITLE	VP
NAME	WEISSER, STEVEN
STREET ADDRESS	55 SOUTH PARK ST
CITY-ST-ZIP	MONTCLAIR, FL 07042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby 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 1C or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy McDonough      Date: 1/10/06      Daytime Phone #: 973-744-4031  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cathy McDonough