


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # P37518
 1. Entity Name
CALGOLF, INC.



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

Mailing Address
**55 SOUTH PARK STREET
 MONTCLAIR, NJ 07042**

DO NOT WRITE IN THIS SPACE



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
22-2266695

Applied For
 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**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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 01/14/08-80011-011-150.00

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cathy McDonough*, Cathy McDonough 1/8/08 973-744-4031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #