
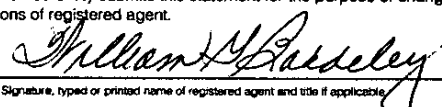
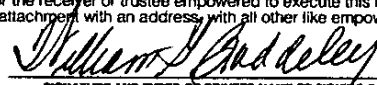


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90054 039 ****61.25

| | | | | | |
|--|----------------------------------|---|---|---|--|
| DOCUMENT # 727677 1. Entity Name MEN'S CLUB OF ST. MAURICE, INC. | | | |  | |
| Principal Place of Business 2851 STIRLING ROAD DANIA BEACH, FL 33312 | | | Mailing Address 2851 STIRLING ROAD DANIA BEACH, FL 33312 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01202006 Chg-NP CR2E037 (11/05) | |
| 4. FEI Number 05-0219100 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MAJESKI, KENNETH A 2720 N.E. 8TH AVE 4 FORT LAUDERDALE, FL 33334 | | | 7. Name and Address of New Registered Agent Name WILLIAM G. BADDLEY Street Address (P.O. Box Number is Not Acceptable) 7520 N.W. 1ST STREET City PEMBROKE PINES FL Zip Code 33024 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | | | |
| NAME | SIMONETTI, FRANK | | | | |
| STREET ADDRESS | 202 S.E. 10TH ST. #405 | | | | |
| CITY-ST-ZIP | DANIA, FL 33004 | | | | |
| TITLE | P | <input type="checkbox"/> Delete | | | |
| NAME | NAPOLEON, TONY | | | | |
| STREET ADDRESS | 9501 N. HEATHER LANE | | | | |
| CITY-ST-ZIP | MIRAMAR, FL 33025 | | | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | | | |
| NAME | KENNETH, MAJESKI | | | | |
| STREET ADDRESS | 2720 NE 8TH AVE #4 | | | | |
| CITY-ST-ZIP | WILTON MANORS, FL 33334 | | | | |
| TITLE | S | <input type="checkbox"/> Delete | | | |
| NAME | MARRALE, MIKE | | | | |
| STREET ADDRESS | 6000 SW 55TH ST | | | | |
| CITY-ST-ZIP | DAVIE, FL 33314 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | GRUBBE, ROBERT | | | | |
| STREET ADDRESS | 3847 CIRCLE DRIVE #17 | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | MERINGER, MATT | | | | |
| STREET ADDRESS | 3137 N 41ST CT. | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33312 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | RONNAN, AARON | | | | |
| STREET ADDRESS | 5932 LINCOLN ST | | | | |
| CITY-ST-ZIP | HOLLYWOOD, FL 33021 | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | BADDLEY, WILLIAM G | | | | |
| STREET ADDRESS | 7520 N.W. 1ST STREET | | | | |
| CITY-ST-ZIP | PEMBROKE PINES, FL 33024 | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| NAME | BOCCACCINO | | | | |
| STREET ADDRESS | 1516 WHITEHALL DR #301 | | | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33324 | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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 617, 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:  WILLIAM G. BADDLEY 1/13/06 (954) 987-2469 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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