2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # 733518 DE CLUB, INC.					7 90033 004 ****6	1.25	
Principal Place of Business 4615 LEXINGTON AVE IACKSONVILLE, FL 32210		Mailing Address P O BOX 7056 IACKSONVILLE, FL 32238 US			4000000			
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	· · · 					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172007	Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 59–1830		A	pplied For	
Zip	Country	Zip	Country		of Status Desired	\$8.75 Ad		
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent	~	
			Name		<u></u>			
HARTSCHLAG, ANNE H 7952 FALCON ST JACKSONVILLE, FL 32244			Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	de	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	registered office or	registered agent, or both	, in the State of F	Torida. I am familiar with	, and accept	
SIGNATURE.	Slopeture, bused or content name of reconstruent account	and trie if annication (NOTE:	· Renetoral Acord events	on recovered when rejectation)		DATE		
SIGNATURE.	Signature, typed or printed name of registered agent Filling Fee is \$61.25	and title if applicable. (NOTE:	paign Financing	re required when reinstating)		DATE Make check payable	to	
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007		paign Financing	\$5.00 May Be Added to Fees				
SIGNATURE .	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	npaign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA	Fig.	Make check payable orida Department of S	itate	
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10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DID PROBBINS, W.P. 4336 PALMER AVE	9. Election Cam Trust Fund Co	npaign Financing contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHA DP James R 10321 Den	NGES TO OFFICE CHARISS TUN RD	Make check payable prida Department of SERS AND DIRECTORS II	N 10	
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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 thustee 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: _

STORATURE AND TYPED OR PROVIED NAME OF BUSHING OFFICER OR DIRECTOR

1/27/07 904-771-6042