2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 19, 2007 **DOCUMENT#738606** Secretary of State

Entity Name: NO WHERE BOTTLE AND SOCIAL CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

5011 W. HILLSBORO BLVD COCONUT CREEK, FL 330734306

Current Mailing Address: New Mailing Address:

89351 OLD HWY TAVERNIER, FL 33070

FEI Number: 59-2001242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RENDON, ALEXIS S PRES. LAWRENCE, JAMES V SEC 5011 W HILLSBORO BLVD 89351 OLD HWY TAVERNIER, FL 33070 COCONUT CREEK, FL 33073 US

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.

SIGNATURE: JAMES V. LAWRENCE 12/19/2007

> Electronic Signature of Registered Agent Date

> > Title:

OFFICERS AND DIRECTORS:

() Delete

TD

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

PVD (X) Change () Addition () Delete THOMAS A. LENARD, LENARD, THOMAS A PRES Name: Name: 89351 OLD HWY. Address: 89351 OLD HWY. Address:

City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: TAVERNIER, FL 33070

Name: LENARD, MARJA C TD Name: LAWRENCE, JAMES V TD Address: 89351 OLD HWY Address: 5011 W. HILLSBORO BLVD City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: COCONUT CREEK, FL 33073

Title: () Delete Title: SD (X) Change () Addition

KARL, ANDREA SD Name: LENARD, MARJA SD Name: Address: 89351 OLD HWY Address: 89351 OLD HWY City-St-Zip: TAVERNIER, FL 33070 City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. LENARD **PRES** 12/19/2007