2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #748728** ATT.

FILED Feb 19, 2008 8:00 am Secretary of State

Principal Place of Business Mailing Address P0 BOX 373114 SATELLITE BEACH, FL 32937-1114 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 01092008 Chg-NP CR2E037 (12/06) City & State Status Desired Status Desi	Principal Plac	RETIREES CLUB, INC.			02-19-2008 90025 005 ****61.2	.5	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O1092008 Chg-NP CR2E037 (12/06) City & State City & State City & State Country Zip Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable of the obligations of registered agent. SIGNATURE Filting Foo is \$61.25 Due by May 1, 2008 PITUS Fund Contribution. NOTE Registered Agent agriculture. (NOTE Registered Agent agriculture) Sprature, typed or presed name of registered agent and tipe if applicable. NOTE Registered Agent agriculture. NOTE Registered Agent agriculture. Signature. Filting Foo is \$61.25 Due by May 1, 2008 PITUS Fund Contribution. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 10 TITUE PD Make check psyable to Status Filting Foo is Seficial Department of Status Signature. Sprat Seficial Department of Status Signature. Signature. Signature. Filting Foo is \$61.25 Due by May 1, 2008 POTICERS AND DIRECTORS IN 10 TITUS Fund Contribution. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 10 TITUS Fund Contribution. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 10 TITUS Fund Contribution. Signature. Signatu	570 WATSON	V DR.	PO BOX 373114	937-1114			
City & State Country Country S. Certificate of Status Desired \$8.75 Additional Fee Required For WATSON DR. INDIALANTIC, FL 32903 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Filting Fee Is \$81.25 Due by May 1, 2008 Policians Typed or printed name of registered agent and table if applicable. NOTE Registered Agent signature required when reinstating) DATE Filting Fee Is \$81.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State Florida Department of State Florida Department of State Make check payable to Florida Department of State Florida Department of State Make Check payable to Florida Department of State Mickey Roy All 2 RAY BURN ROAD City-St-2P SATELLITE BCH, FL Delete TITLE D SMITH, SHELDON MME SMITH, SHELDON Asserting Agent Agent Address (P.O. Box Number is Not Acceptable) For Change Agent Asserting Agent Asserting Agent Asserting Agent Address (P.O. Box Number is Not Acceptable) And Address (P.O. Box Number is Not Acceptable) First Additional Fee Required Fee Re	2. Principal P	lace of Business - No P.O. Box#	3. Mailing Address				
Size Country Zip Country Size Country Secretificate of Status Desired \$8.75 Additional Fee Required \$8.75 Ad	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092008 Chg-NP CR2E037 (12/06)		
8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GILLEN, R.A. 570 WATSON DR. INDIALANTIC, FL 32903 City FL Zip Code 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 accidence of the obligations of registered agent. SIGNATURE Filting Foe Is \$61.25 Due by May 1, 2008 Poetice Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGESTO OFFICERS AND DIRECTORS IN 10 Make Check, payable to Florida Department of State 10. MEDLEY, FLORENCE TITLE NAME MEDLEY, FLORENCE SIRET ADDRESS 178 SE FIRST ST SATELLITE BCH, FL Delete NAME SMITH, SHELDON SMITH, SHELDON STEP ADDRESS MAKE SMITH, SHELDON			City & State		FO 4057404		
Name	Zip	,		Country	Fee Required		
GILLEN, R.A. 570 WATSON DR. INDIALANTIC, FL 32903 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 acceptable the obligations of registered agent. SIGNATURE Filting Fee Is \$61.25 Due by May 1, 2008 Pilting Fee Is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD MAKE MEDLEY, FLORENCE STREET ADDRESS 178 SE FIRST ST CITY-ST-ZP SATELLITE BCH, FL Delete MAKE SMITH, SHELDON SMITH, SHELDON STREET ADDRESS SMITH, SHELDON STREET ADDRESS SMITH, SHELDON		8. Name and Address of Currer	tt Registered Agent	Name	~ '-'		
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 acc the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Filting Fee 1s \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PD NAME MEDLEY, FLORENCE STREET ADDRESS 178 SE FIRST ST STREET ADDRESS 178 SE FIRST ST STREET ADDRESS CITY-ST-2P SATELLITE BCH, FL D Delete Delete TITLE D Delete TITLE D Delete TITLE SMITH, SHELDON PC hange Add SMITH, SHELDON	570 WATS	SON DR.					
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 acceptable to the obligations of registered agent. Signature, typed or printed name of registered agent and table if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				City	Zip Code		
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TITLE VD Delete TITLE D ALLEN, THOMAS STREET ADDRESS 4112 RAYBURN ROAD CITY-ST-ZIP COCOA BCH, FL CITY-ST-ZIP IN DIAN HARBOR BEACH, FL 329.37 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D SMITH, SHELDON 2355 ROBERT WAY SATELLITE BEACH, FL 32937 SD SLOCUM, BOBBIE 2506 S COUNTRY CLUB RD MELBOURNE, FL TD GILLEN, ROBERT 570 WATSON DR INDIANATLANTIC, FL D SINCLAIR, HARRY 127 OCEAN SPRAY AVE.	7 Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SAT TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Change A ALTH, SHELDON S.S. ROBERT WAY TELLITE BEACH, FL 32937 Change A	addition addition	

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: