2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State
02-08-2006 90005 008 ****61.25

DOCUMENT # 755513

1. Entity Name
DALE VILLAGE SOCIAL CLUB, INC.

Principal Place of Business	Mailing Address
4901 S.W. 27TH COURT PEMBROKE PARK, FL 33023	4901 S.W. 27TH COURT PEMBROKE PARK, FL 33023

01112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0119026 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAROIS, MIREILLE 4901 S.W. 27TH COURT PEMBROKE PARK, FL 33023	Name: LISA BROUSSEAU Street Address (P.O. Box Number is Not Acceptable): 4901 SW 27th Ct City: PEMBROKE PARK FL Zip Code: 33023

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: Lisa Brousseau JAN 12 /06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DECELLES, MARCEL 4940 SE 28 STREET PEMBROKE PARK, FL 33023	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DRAPEAU, NICOLE 2796 SW 49 AVENUE PEMBROKE PARK FL 33023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FORTIER, HENRI 5051 SW 25 COURT PEMBROKE PARK, FL 33023	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	LACOURSIERE, NICOLE 5070 SW 28 COURT PEMBROKE PARK FL 33023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIOLET, ANDRE 2791 SW 51 AVE PEMBROKE PARK, FL	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	VAILLANCOURT, HUGUETTE 4921 SW 28 COURT PEMBROKE PARK FL 33023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PATRY, MIREILLE 4880 SW 25 COURT PEMRROKE PARK, FL 33023	☒ Delete	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	PATRY, MIRELLE 4880, SW 25 COURT PEMBROKE PARK FL 33023	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAPEAU, NICOLE 2796 SW 49 AVENUE PEMBROKE PARK, FL 33023	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	CHARRON ANDRE 5101 SW 25 COURT PEMBROKE PARK FL 33023	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HAMEL, LOUISETTE 4860 SW 26 STREET PEMBROKE PARK, FL 33023	☐ Delete	TITLE V P NAME STREET ADDRESS CITY-ST-ZIP	DECELLES, MARCEL 4940 SW 28 STREET PEMBROKE PARK FL 33023	☐ Change ☒ Addition

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: Louisette R Hamel Treas. Jan 12 - 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #