2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006132

1. Entity Name

HTY - CCI CLUB DESIGN CORPORATION



Principal Place of Business

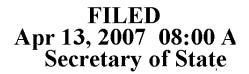
1520 W. AIRPORT FREEWAY

SUITE 200 IRVING, TX 75062 Mailing Address

1520 W. AIRPORT FREEWAY

SUITE 200

IRVING, TX 75062





DO NOT WRITE IN THIS SPACE

03252007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-1655417 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

CHRIS, HARRY J 13109 S.W. 95TH AVENUE MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of	of changing its registered office or reg	istered agent, or both, in the State	e of Florida. I am fam	iliar with, and accept
the obligations of registered agent.				
The Book of Administration of the Committee of the Commit				
SIGNATURE	<u> </u>	` · · · · · · · · · · · · · · · · · · ·	'	
Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature re	ruired when reinstating)	DATE	•

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be

. U00000704087 ./20/07-80164-012 | 19

10. OFFICERS AND DIRECTORS CHRM TITLE CHRIS, HARRY J NAME 1520 W. AIRPORT FREEWAY, SUITE 200 STREET ADDRESS CITY-ST-ZIP **IRVING, TX 75062** PD TITLE NAME CHRIS, HARRY J STREET ADDRESS 1520 W. AIRPORT FREEWAY, SUITE 200 IRVING, TX 75062 CITY-ST-7IP VCHR TITLE CHRIS, JIMMIE L NAME 1520 W. AIRPORT FREEWAY, SUITE 200 STREET ADDRESS CITY-ST-ZIP IRVING, TX 75062 TITLE TIETJEN, LISA C 1520 W. AIRPORT FREEWAY, SUITE 200 STREET ADDRESS IRVING, TX 75062 CITY-ST-ZIP TITLE YAKEL, RYAN 1520 W. AIRPORT FREEWAY, SUITE 200 STREET ADDRESS CITY-S1-7IP IRVING, TX 75062 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not callify 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 tryftee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all glips the empowered.

SIGNATURE:

NATUREAN APPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07

2-253-3583