


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 A
Secretary of State

DOCUMENT # F06000006132 1. Entity Name HTY - CCI CLUB DESIGN CORPORATION	
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Principal Place of Business 1520 W. AIRPORT FREEWAY SUITE 200 IRVING, TX 75062	Mailing Address 1520 W. AIRPORT FREEWAY SUITE 200 IRVING, TX 75062
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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 <input type="checkbox"/>	\$8.75 Additional Fee Required

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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000704087 04/20/07-80164-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRM CHRIS, HARRY J 1520 W. AIRPORT FREEWAY, SUITE 200 IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRIS, HARRY J 1520 W. AIRPORT FREEWAY, SUITE 200 IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCHR CHRIS, JIMMIE L 1520 W. AIRPORT FREEWAY, SUITE 200 IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIETJEN, LISA C 1520 W. AIRPORT FREEWAY, SUITE 200 IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YAKEL, RYAN 1520 W. AIRPORT FREEWAY, SUITE 200 IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, 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: 	Date: 4-9-07	Daytime Phone #: 972-253-3583
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