2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

Son E. BROWARD BLVD, STE.1950 SON E. BROWARD BLVD, STE.1950 FT UNIDERBALE, FL 33394 FT U	1. Entity Nam	MENT # F50765 S CLUB, INC.				04-30-2007 90809 001 ***272.50		
Suite Apt #, etc.	500 E. BROWARD BLVD.,STE.1950		500 E. BROWARD BLVD.,STE.1950		50			
City & State Country Country Country Special Address of Current Registered Agent 6. Name and Address of Current Registered Agent Financial State Desired 6. Name and Address of Current Registered Agent Financial State Desired Financial State Desired City FL Zip Code City FL Zip Code 8. The above named onity sucmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lami	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address				
Special Expansion	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		- 04192007 Chg-P CR2E034 (12/06)		
S. Carrillicate of Status Desired Fee Required	City & State		City & State					
HARDIN, DAIVD 500 E. BROWARD BLVD, STE 1950 FT LAUDERDALE, FL 33394 City FL Zip Code City FL Zip Cod	Zip	Country Zip Cour		Countr	У			
HARDIN, DAIVO SOE BROWNARD BLVD, STE. 1950 FT LAUDERDALE, FL 33394 City FL Zip Code		6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, howed or protect name of inguisered agent and title if accidable. PILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE ITILE RUFFING, ARTHUR SIGNATURE SIGNATURE RUFFING, ARTHUR SO CLUBHOUSE ROAD DEL MAR, CA 92014 ITILE PANNE SIRET ADDRESS OCIUBHOUSE ROAD DEL MAR, CA 92014 TILE TILE SAHIEY, GOBIND SIRET ADDRESS OCITY-SI-2P TILE SAHIEY, GOBIND SIRET ADDRESS OCITY-SI-2P DEL MAR, CA 92014 TILE SAHIEY, GOBIND SIRET ADDRESS OCITY-SI-2P Delete TILE SAHIEY, GOBIND SIRET ADDRESS OCITY-SI-2P DEL MAR, CA 92014 TILE SAHIEY, GOBIND SIRET ADDRESS OCITY-SI-2P DEL MAR, CA 92014 TILE SAHIEY, GOBIND SIRET ADDRESS OCITY-SI-2P DEL MAR, CA 92014 TILE SAHIEY, GOBIND SIRET ADDRESS OCITY-SI-2P DEL MAR, CA 92014 TILE SAHIEY, GOBIND SIRET ADDRESS OCITY-SI-2P DEL MAR, CA 92014 TILE SAHIEY, GOBIND SIRET ADDRESS OCITY-SI-2P DEBET ADDRESS OCITY-SI-2P DEBET ADDRESS OCITY-SI-2P DEBET ADDRESS OCITY-SI-2P TILE MARE SIRET ADDRESS OCITY-SI-2P T	500 E. BR	OWARD BLVD.,STE.1950				(P.O. Box Number is Not Acceptable)		
THE Obligations of registered agent. SIGNATURE Signature Signature Signature of impressed agent and tole of applicable. (NOTE: Registered Agent sprature required when remaking) DATE				-	City	FL Zip Code		
After May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing	8. The above the obligat	I. 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.						
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE VP	SIGNATURE							
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	STREET ADDRESS			STREET				
		certify that the information supplied wit	th this filing does not qualify for			d 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 as required by Chapter 607, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute a stream 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date