


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90227 039 \*\*\*150.00

<b>DOCUMENT # L17077</b> 1. Entity Name <b>PERSONAL AND CLUB DEVELOPMENT, INC.</b>																											
Principal Place of Business <b>3135 FORTUNE WAY</b> <b>D1</b> <b>FT LAUDERDALE, FL 33326 US</b>		Mailing Address <b>3135 FORTUNE WAY</b> <b>D1</b> <b>FT LAUDERDALE, FL 33326 US</b>																									
2. Principal Place of Business - No P.O. Box # <b>3132 FORTUNE WAY</b> Suite, Apt. #, etc. <b>D1</b>		3. Mailing Address <b>C/O H. KAPLAN</b> <b>9286 VISTA DEL LAGO</b> Suite, Apt. #, etc. <b>APT 35A</b>																									
City & State <b>WELLINGTON, FL</b>		City & State <b>BOCA RATON, FL</b>																									
Zip <b>33326</b>	Country <b>US</b>	Zip <b>33428</b>	Country <b>US</b>																								
4. FEI Number <b>65-0153998</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent  <b>KAPLAN, PHIL</b> <b>3132 FORTUNE WAY</b> <b>D1</b> <b>FT LAUDERDALE, FL 33326</b>		7. Name and Address of New Registered Agent Name <b>KAPLAN, PHIL</b> Street Address (P.O. Box Number is Not Acceptable) <b>C/O H. KAPLAN</b> <b>9286 VISTA DEL LAGO</b> <b>APT 35A</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33428</b>																									
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>																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KAPLAN, PHIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3132 FORTUNE WAY D1</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>FT LAUDERDALE, FL 33326</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	KAPLAN, PHIL		STREET ADDRESS	3132 FORTUNE WAY D1		CITY - ST - ZIP	FT LAUDERDALE, FL 33326		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>KAPLAN, PHIL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>C/O H. KAPLAN 9286 VISTA DEL LAGO APT 35A</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33428</td> <td></td> </tr> </table>		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	KAPLAN, PHIL		STREET ADDRESS	C/O H. KAPLAN 9286 VISTA DEL LAGO APT 35A		CITY - ST - ZIP	BOCA RATON, FL 33428	
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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.																											
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																											