2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 19, 2008 8:00 am Secretary of State

| DOCUMENT # N0100002558 1. Entity Name KOPY KATS CLUB OF ORMOND BEACH, INC. | | | | | | 05-19-200 | 8 90038 (|)19 ****6 | 1.25 | |
|---|---|--|--|--|---|--|--|--|--|--|
| Principal Place 351 ANDREW ORMOND BE | e of Business 1 S STREET 3 99 N US / ACH, FL 32174-5209 | Mailing Address 354-ANDREWS STREET ORMOND BEACH, FL 32 | = 399 / 2174-5209 | V USI | | TING 1701A 8514 PRAIL O | i o ni fl it it li s i | <u> </u> | 1100 dil 1201 | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | • | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02 | 2132008 | Chg-NP | CR2E0 | 37 (12/06) | | |
| City & State | | City & State | | 4. | FEI Number 59-3754 | | | | plied For t Applicable | |
| Zip | Country | Zip | Country | 5. | Certificate o | of Status Desired | | \$8.75 Add Fee Required | | |
| * | 6. Name and Address of Current | Registered Agent | | | Name and A | Address of New | Registered A | Agent | | |
| DEMODILE | C-BODIE TPAL | KANLAN | Name | JeA, | v F | KAPLA | N | | | |
| REMSBURG, DORIS 351 ANDREWS STREET | | | | | | is Not Acceptat | ole) | | | |
| ORMOND BEACH, FL 32174 | | | | 399 N USI | | | | | | |
| | r fo | | | DRMOND | | | FL | Zip Code | 9 44 | |
| A The shows | named entity submits this statement to | t the purpose of changing its r | | | | | | | | |
| the obligati | ons of registered agent. | . the purpose of one grig its. | ogiotoroa omoo | | gora, or occ | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , joine and | rainina iriii i | und noop. | |
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| SIGNATURE | k. lon () egistered agent | lan | | | | | | - 7-0 | | |
| | Ashimore, then or history to the same or reference aftern | and title if applicable. (NOTE: | : Registered Agent sig | nature required when i | reinstating) | | DATE | | | |
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12. I hereby certify that the information supplied with this filling 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: _

Lean & Kaslan
NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR