

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007822

FILED
May 01, 2005
Secretary of State

Entity Name: STARS CLUB, INC.

Current Principal Place of Business:

4550 SAILBREEZE CT.
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

4550 SAILBREEZE CT.
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 58-2670698 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAYS, MARILYN F PD
4550 SAILBREEZE CT.
ORLANDO,, FL 32810 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAYS, MARILYN F
Address: 4550 SAILBREEZE CT.
City-St-Zip: ORLANDO, FL 32810

Title: VPD () Delete
Name: MCCAMY, MARGARET
Address: 7140 CITRUS AVE
City-St-Zip: WINTER PARK, FL 32792

Title: TD () Delete
Name: HAYS, JAMES M
Address: 4550 SAILBREEZE CT
City-St-Zip: ORLANDO, FL 32810

Title: SD () Delete
Name: OUIMETTE, RALPH
Address: 5845 TOMOKA DR
City-St-Zip: ORLANDO, FL 32839

Title: D () Delete
Name: SULLIVAN, JACQUELINE
Address: 939 W 2ND AVE
City-St-Zip: WINDEMERE, FL 34786

Title: D () Delete
Name: LAMB, SHARON
Address: 6000 BEAU LANE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCCAMY, MARGARET
Address: 7140 CITRUS AVE
City-St-Zip: WINTER PARK, FL 32792

Title: STD (X) Change () Addition
Name: HAYS, JAMES M
Address: 4550 SAILBREEZE CT
City-St-Zip: ORLANDO, FL 32810

Title: D (X) Change () Addition
Name: HANKS, CAROL
Address: 20 BUSHY RIDGE RD
City-St-Zip: WESTPORT, CN 06880

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN F HAYS

PD

05/01/2005

Electronic Signature of Signing Officer or Director

Date