2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# N02000007822

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)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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

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

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: 830 WEST 25 STREET
City-St-Zip: SANFORD, FL 32771

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

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

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 Chapter 119, 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 04/07/2006

Electronic Signature of Signing Officer or Director — Date