2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002020

Entity Name: FLORIDA G35 CLUB, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11457 PINEWOOD COVE LANE ORLANDO, FL 32817 **Current Mailing Address: New Mailing Address:** P O BOX 679244 ORLANDO, FL 328679244 FEI Number: 30-0301721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BURIAS, IAN J 11457 PINEWOOD COVE LANE ORLANDO, FL 32817 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition (X) Delete KRUG, CHUCK Name: Name: 10614 SUNRISE TERRACE DR. Address: Address: City-St-Zip: ORLANDO, FL 32825 US City-St-Zip: Title: Title: () Delete () Change () Addition BAZLEY, DAN Name: Name: Address: 6002 GRAND PALM DRIVE APT# 415 Address: City-St-Zip: TAMPA, FL 33647 US City-St-Zip: Title: Title: () Change () Addition () Delete BURIAS, IAN J Name: Name: 11457 PINEWOOD COVE LANE Address: Address: City-St-Zip: ORLANDO, FL 32817 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: BEACH, JOHN A Name: BEACH, JOHN A 4566 YARDLEY AVE. N. 4566 YARDLEY AVE. N. Address: Address: City-St-Zip: ST. PETERSBURG, FL 33713 US City-St-Zip: ST. PETERSBURG, FL 33713 US Title: () Delete Title: () Change () Addition BACIAN, JOSE Name: Name: 4816 ADAMS ST Address: Address: City-St-Zip: HOLLYWOOD, FL 33021 US City-St-Zip: Title: () Delete Title: () Change () Addition COOLMAN, LYNDON Name: Name: Address: 3591 KERNAN BLVD S. #303 Address: JACKSONVILLE, FL 32224 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: IAN J. BURIAS D 04/29/2009