2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N05000005068

Entity Name: ALL IN SOCIAL CLUB, INC.

TI FILED
Nov 19, 2007
Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

4515 DEL PRADO BLVD S

CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

4515 DEL PRADO BLVD S #4 CAPE CORAL, FL 33904

FEI Number: 05-0622869 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELLI PAOLI, DAVID C

3614 NE 13TH AVE

CAPE CORAL, FL 33909 US

RASHID, YOUSSEF

8695 COLLEGE PARKWAY

348

FORT MYERS, FL 33919 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: YOUSSEF RASHID 11/19/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DC () Delete
 Title:
 VP (X) Change () Addition

 Name:
 DELLI PAOLI, DAVID C
 Name:
 DELLI PAOLI, DAVID C

 Address:
 3614 NE 13TH AVE
 Address:
 3614 NE 13TH AVE

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title: DM () Delete Title: PRES (X) Change () Addition

 Name:
 HAMMACK, RALPH
 Name:
 CLEARY, JENNIFER

 Address:
 5101 CORONADO PKWY, #201
 Address:
 1345 SUNBURY DRIVE

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 FORT MYERS, FL 33901 US

Title: DM () Delete Title: SEC (X) Change () Addition Name: COSTALLOS, JOHN Name: SMART, CHRISTINA

 Address:
 2934 COUNTRY CLUB BLVD
 Address:
 4504 SW 5TH PLACE

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33914 US

Title: () Delete Title: TREA () Change (X) Addition
Name: RASHID, YOUSSEF

Address: Address: RASHID, FOOSSER

Address: 8695 COLLEGE PARKWAY, SUITE 348

City-St-Zip: City-St-Zip: FORT MYERS, FL 33919 US

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: JENNIFER CLEARY PRES 11/19/2007