2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005068

Entity Name: ALL IN SOCIAL CLUB, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8221 W GLADES RD. #9 1700 TAMIAMI TRAIL

BOCA RATON, FL 33434 D-2

PORT CHARLOTTE, FL 33954 US

Current Mailing Address: New Mailing Address:

8221 W GLADES RD. #9 1700 TAMIAMI TRAIL

BOCA RATON, FL 33434

PORT CHARLOTTE, FL 33954 US

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:

AMORIELLO, ANGELA
8221 W GLADES RD. #9

KASTEN, KIRBY
232 TORRINGTON ST.

BOCA RATON, FL 33434 US PORT CHARLOTTE, FL 33954 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: KIRBY KASTEN 04/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 E/D
 (X) Change () Addition

 Name:
 MAIORINO, GRACE
 Name:
 AMORIELLO, ANGELA EXEC. D

 Address:
 1853 NW 124TH WAY
 Address:
 9005 OLD PINE RD.

City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: BOCA RATON, FL 33428 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 SCALICI, JOSEPH
 Name:
 KASTEN, KIRBY D

 Address:
 2701 RIVERSIDE DR.
 Address:
 232 TORRINGTON ST.

City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: D () Delete Title: P (X) Change () Addition
Name: AMORIELLO, ANGELA Name: KASTEN, JACKIE P

Address: 9005 OLD PINE ROAD Address: 232 TORRINGTON ST.

City-St-Zip: BOCA RATON, FL 33428 City-St-Zip: PORT CHARLOTTE, FL 33954 US

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

Name: Name: LARGE, KESHA VP Address: Address: 232 TORRINGTON ST.

City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33954 US

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Title: TRES () Change (X) Addition

Name: Name: BRUCCI, CAROLYN TRES
Address: Address: 23307 LE HIGH AVE.

City-St-Zip: City-St-Zip: PORT CHARLOTTE, FL 33954 US

Title: () Delete Title: OFF () Change (X) Addition

 Name:
 Name:
 RAY, MICHAEL OFF

 Address:
 Address:
 2103 WILSON DR

 City-St-Zip:
 City-St-Zip:
 ARLINGTON, TX 76011 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: ANGELA AMORIELLO E/D 04/27/2009