
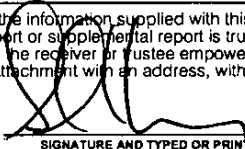


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90284 004 ****61.25

DOCUMENT # N06000003806					
1. Entity Name I. S. CLUB, INC.					
Principal Place of Business P O BOX 350277 PALM COAST, FL 32135			Mailing Address P O BOX 350277 PALM COAST, FL 32135		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4699571 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAZZANO, JOHN V 100 SOUTH STREET SUITE B BUNNELL, FL 32110			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORRENTINO, JAMES V			NAME	
STREET ADDRESS	P O BOX 350277			STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32135			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLETTA, SAMUEL P			NAME	
STREET ADDRESS	P O BOX 350277			STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32135			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZZANO, JOHN V			NAME	LAZZANO John V
STREET ADDRESS	P O BOX 350277			STREET ADDRESS	P.O. Box 350277
CITY-ST-ZIP	PALM COAST, FL 32135			CITY-ST-ZIP	PALM COAST FL. 32135
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZZANO, SALVATORE			NAME	
STREET ADDRESS	P O BOX 350277			STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32135			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANIA, CARMINE			NAME	
STREET ADDRESS	P O BOX 350277			STREET ADDRESS	
CITY-ST-ZIP	PALM COAST, FL 32135			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			SAL LAZZANO T.		4/18/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>DATE</small>		<small>Daytime Phone #</small>

40010077



04182007 Chg-NP CR2E037 (12/06)