2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N06000006174

Entity Name: THE SHIMMY CLUB, INC

Current Principal Place of Business:

4045 SHERIDAN AVE. SUITE #333
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

4045 SHERIDAN AVE. SUITE #333
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 20-5021000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTRO, DIANNE
4045 SHERIDAN AVE. #333
MIAMI BEACH, FL 33140 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: PDS ( ) Delete
Name: CASTRO, DIANNE
Address: 4045 SHERIDAN AVENUE, SUITE 300
City-St-Zip: MAMI BEACH, FL 33140

Title: VPTD ( ) Delete
Name: DURBIN, CAROL
Address: 4050 SHERIDAN AVENUE, SUITE 300
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D ( ) Delete
Name: EGOZI, KAREN L
Address: 4045 SHEIDAN AVENUE, SUIE 300
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D ( ) Delete
Name: NELSON, CLAY
Address: 4045 SHERIDAN AVE. SUITE #333
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: D ( ) Delete
Name: GORDON, BETH
Address: 4045 SHERIDAN AVE. SUITE #333
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

Title: D ( ) Change (X) Addition
Name: ENSMINGER, HILLARY
Address: 4045 SHERIDAN AVE. SUITE #333
City-St-Zip: MIAMI BEACH, FL 33140

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: CAROL DURBIN VPTD 03/22/2009

Electronic Signature of Signing Officer or Director — Date