


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90192 008 ****61.25

DOCUMENT # N14041 1. Entity Name OUR CLUB, INC.	
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Principal Place of Business 3218 GANDY BLVD TAMPA, FL 33611	Mailing Address 3218 GANDY BLVD TAMPA, FL 33611
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50019293



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2783631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HIKE, NOEL SR. 5 PELICAN DR 4851 GANDY BLVD TAMPA, FL 33611
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KUSHLMANN, INEZ <i>INEZ KUSHMANN</i> 5003 E. COLONIAL DRIVE, APT. 1 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIKE, NOEL S PELICAN DR TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STADLER, ALVIS S 4606 W. CLIFFORD ST TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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: *Inez Kuhlmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06 - 813-822-5406
Date Daytime Phone #