2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16338

Address: City-St-Zip: 18688 12TH ST

ORLANDO FL 32833

FILED Jul 02, 2006 Secretary of State

Entity Nai	me: EAST SIE	DE CLUB, INC.			
Current P	rincipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
2017 N GC	DLDENROD				
STE. 9					
ORLANDO	D, FL 32807	US			
Current M	lailing Addres	ss:	New Mailing Add	ress:	
	DLDENROD D, FL 32807	US			
	: 59-2762451 ce with s. 607.19	FEI Number Applied For() FEI l 3(2)(b), F.S., the corporation did not receiv	Number Not Applicable() ve the prior notice.	Certificate of Status Desired ()	
Name and	I Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
AQUINO, I 214 CAPE ORLANDO		US			
	named entity : e of Florida.	submits this statement for the purpos	e of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:				
0.0.0.		nic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	TD () AQUINO, MICH 214 CAPEHAR ORLANDO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CD () BULLEY, BASII 9940 FLYNT C ORLANDO, FL	R	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	PD () BARKER, CHAI 1811 OUTLINE CHRISTMAS, F	LN	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	BROOKS, FRA	MEADOWS CT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	SD () PAGE, DIXIE	Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: MICHAEL AQUINO 07/02/2006 TD