2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17646

FILED Apr 20, 2007 Secretary of State

Entity Name: OUR CLUB HEALTH AND FITNESS CENTER, INC.

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

OUR CLUB HEALTH FITNESS 2200 AIA

INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address: New Mailing Address:

OUR CLUB HEALTH FITNESS
2200 AIA
OUR CLUB HEALTH FITNESS
2200 NORTH AIA

INDIAN HARBOUR BEACH, FL 32937 INDIAN HARBOUR BEACH, FL 32937

FEI Number: 59-2743069 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:

GENOVA, JOHN R SMITH, DONALD B
1555 SENECA DRIVE 6993 SECOND AVENUE
MELBOURNE, FL 32935 US MALABAR, FL 32950 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: DONALD SMITH 04/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: SD () Delete Title: SD (X) Change () Addition

 Name:
 COURT, PAM
 Name:
 SAUNDERS, LAURIE

 Address:
 410 SCHOOL ROAD # 82
 Address:
 2 SPINNAKER POINT

City-St-Zip: INDIAN HARBOR BEACH, FL 32937 City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: PD () Delete Title: PD (X) Change () Addition Name: FASHANO, RON Name: SMITH, DONALD B Address: 521 PALMETTO DR Address: 6993 SECOND AVENUE

Address: 521 PALMETTO DR Address: 6993 SECOND AVENU
City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MALABAR, FL 32950

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

 Name:
 QUILLEUX, IRENE
 Name:
 BRONSTEIN, SAM

 Address:
 310 WATSON DR
 Address:
 635 KENWOOD COURT

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 SATELLITE B EACH, FL 32937

 Name:
 LANE, GARY
 Name:
 GLASER, THEODORE

 Address:
 418 4TH AVE.
 Address:
 582 SANDERLING DRIVE

 City-St-Zip:
 MELBOURNE BEACH, FL 32951
 City-St-Zip:
 INDIALANTIC, FL 32903

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

 Name:
 CLARKE, OLGA
 Name:

 Address:
 359 HARWOOD AVE.
 Address:

 City-St-Zip:
 SATELLITE BEACH, FL 32937
 City-St-Zip:

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.

SIGNATURE: DONALD SMITH PD 04/20/2007