2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17646

FILED Feb 23, 2009 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 NORTH AIA INDIAN HARBOUR BEACH, FL 32937

Current Mailing Address: New Mailing Address:

OUR CLUB HEALTH FITNESS
2200 NORTH AIA
2200 NORTH AIA
32937

OUR CLUB HEALTH FITNESS
2200 NORTH AIA
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:

BRONSTEIN, DORIS PD MUTH, TIM PD 635 KENWOOD CT 511 BAY CIRCLE

SATELLITE BCH, FL 32937 US INDIAN HARBOUR BEACH, FL 32937 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: TIM MUTH 02/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BRONSTEIN, DORIS
 Name:
 MUTH, TIM

 Address:
 635 KENWOOD CT
 Address:
 115 BAY CIRCLE

City-St-Zip: SATELLITE BCH, FL 32937 City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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

 Name:
 GLASER, THEODORE
 Name:

 Address:
 582 SANDERLING DR
 Address:

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition
Name: MARKHAM, BONNIE Name: TRENN, ROBERT
Address: 150 CARISSA DR Address: 2065 A1A #1503

 Address:
 150 CARISSA DR
 Address:
 2065 A1A #1503

 City-St-Zip:
 SATELLITE B EACH, FL 32937
 City-St-Zip:
 INDIAN HARBOUR BEACH, FL 32937

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

Name: SHUBERT JR, BURL C Name: BARSKY, BARBARA
Address: 230 N. EMERALD DR Address: 661 HIBISCUS DR

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

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: TIM MUTH PD 02/23/2009

Electronic Signature of Signing Officer or Director

Date