2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22169

FILED Apr 30, 2006 Secretary of State

Entity Name: EAST HILLSBOROUGH CUPIDETTES CLUB, INC.

	Principal Place of Business:	New Principal Place	of Business:	
	RIVERCHASE DRIVE TERRACE, FL 33637 US			
Current N	failing Address:	New Mailing Addres	s:	
P. O. BOX PLANT CI	(1662 TY, FL 335641662 US			
FEI Number	r: 59-2848526 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:	
7702 W. Ŕ	BETTY J. RIVERCHASE DRIVE TERRACE, FL 336375630 US			
	e named entity submits this statement for the e of Florida.	e purpose of changing its registere	d office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered A	Agent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	PD () Delete WRIGHT, BETTY J., 7702 W. RIVERCHASE DRIVE TEMPLE TERRACE, FL 336375630	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	VD () Delete SWAIN, PAMELA Y. 3306 N LAKE DR PLANT CITY, FL 33567	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	SWAIN, PAMELA Y. 3306 N LAKE DR	Name: Address:	() Change () Addition () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip:	SWAIN, PAMELA Y. 3306 N LAKE DR PLANT CITY, FL 33567 D () Delete SULLIVAN, SANDRA 1601 E ALABAMA STREET, APT. #403	Name: Address: City-St-Zip: Title: Name: Address:	., .	
Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	SWAIN, PAMELA Y. 3306 N LAKE DR PLANT CITY, FL 33567 D () Delete SULLIVAN, SANDRA 1601 E ALABAMA STREET, APT. #403 PLANT CITY, FL 33566 RS () Delete MARION, ELOISE B. 823 SOUTH DELANEY AVENUE	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() 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.

SIGNATURE: BETTY J. WRIGHT PRES 04/30/2006