2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

BOYNTON BEACH, FL 33437

SHelly KASAK

SID. Levine 9963 SENCYOST CIC# ZOI

BOYNTON BOACH FL 33437

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VPD

CITY-ST-ZIP

STREET ADDRESS

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TITLE

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FILED Jan 16, 2007 8:00 am Secretary of State

☐ Addition

☐ Addition

☐ Change

☐ Change

1. Entity Nan	IMENT # N95000005 THES MEN'S CLUB, INC.	5268				01-1	6-2007 90200	0.33 *****6.	1.23	
9545 PALM ISLES DRIVE 95		954	Mailing Address 9545 PALM ISLES DRIVE BOYNTON BEACH, FL			69002040				
2. Principal Place of Business - No P.O. Box #		3. Ma	3. Mailing Address							
Suite, Apt. #, etc.		9763 Harbour Lake			01092007 Chg-NP CR2E037 (12/06)					
City & State		City & State Boynson Beach FL				4. FEI Number Applied For 65-0563792 Not Applicable				
Zip	Country	3.	4 4 1	Country		5. Certificate of Status	Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Register	ed Agent			7. Name and Addres	s of New Register	ed Agent		
GREENSPAN, MARTIN 9763 HARBOR LAKE CIRCLE BOYNTON BEACH, FL 33437					Name Street Address (P.O. Box Number is Not Acceptable)					
				City		FL Zip Code				
the obliga	e named entity submits this statement fo titions of registered agent. Signature, typod or printed name of registered agent			gistered Office or a			State of Florida. 1		and accept	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make check payable to Florida Department of State				
10.	OFFICERS AND DI	RECTORS		11.	A	ADDITIONS/CHANGES	O OFFICERS AND	DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENSPAN, MARTIN 9763 HARBOUR LAKE CIRCLE BOYNTON BEACH, FL 33437		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		100		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUNEN, BERNIE 9661 SHADYBROOK DRIVE # 1 BOYNTON BEACH, FL 33437	01	□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARUCH, GENE 9963 SEACREST CIRCLE #101 BOYNTON BEACH, FL 33437		∫⊠ ,Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	VPD LIPSON, LEON 7047-A SUMMER TREE DR.		Delete	TITLE NAME STREET ADDRESS				☐ Change	☐ Addition	

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

NAME

AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR GREENSPAN 561-737-6658 Month SIGNATURE: Date