


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90082 042 ****61.25

DOCUMENT # N97000000451	
1. Entity Name CITRUS SINGLES CLUB, INC.	

Principal Place of Business P.O. BOX 1535 CRYSTAL RIVER FL 34423-1535	Mailing Address P.O. BOX 1535 CRYSTAL RIVER FL 34423-1535
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address PO BOX # 640625 BEVERLY HILLS FL 34464
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-3405971	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SLONIMSKY, SAUL M 2097 N INWOOD TERRACE CRYSTAL RIVER FL 33428-7862	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete P SLONIMSKY, SAUL M 2097 N INWOOD TERRACE CRYSTAL RIVER FL 34428
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Delete V WELSCH, DOROTHY 1866 ARROWWOOD LANE INVERNESS FL 34453
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete D PETERS, VANEDA 3864 N GRAPEFERNWAY BEVERLY HILLS FL 34465
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete D TYREE, LORRAINE 6229 W WESTON DR CRYSTAL RIVER FL 34429
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete S TOBARA, NANCY 3621 N LUCILLE BEVERLY HILL FL 34465
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Delete T CROSS, HOWARD T 3336 S. WHITECHAPPEL PT. INVERNESS FL 34452-8710

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SLONIMSKY SAUL M 2097 N INWOOD TER CRYSTAL RIVER FL 34428
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DOROTHY GORMLEY 1153 S. SOFTWIND LOOP LECANTO FL 34461
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition VANEDA PETERS 3864 N GRAPEFERN WAY BEVERLY HILLS FL 34465
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LORRAINE TYREE 6229 W WESTON DR CRYSTAL RIVER FL 34429
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition NANCY TOBARA 3621 N LUCILLE BEVERLY HILLS FL 34465
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SAUL SLONIMSKY 2097 N INWOOD TER CRYSTAL RIVER FL 34428

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: SAUL SLONIMSKY		Date _____	Daytime Phone # _____
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