2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# N98000000698

Entity Name: THE LIGHT CLUB, INC.

Current Principal Place of Business:

630 E OCEAN AVE
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

630 E OCEAN AVE
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-0816631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORAN, JAMES J
630 E OCEAN AVE
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORAN, KAREN
Address: 630 E. OCEAN AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VD ( ) Delete
Name: MORAN, JAMES J
Address: 630 E. OCEAN AVENUE
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D ( ) Delete
Name: DONNALLY, DAVID
Address: 400 JACKSON AVE.
City-St-Zip: LAKE WORTH, FL 33463

Title: T ( ) Delete
Name: VACCARO, JOHN R
Address: 1325 S. CONGRESS AVENUE
City-St-Zip: BOYNTON BEACH, FL 33426

Title: D ( ) Delete
Name: DONNALLY, TAMI
Address: 400 JACKSON AVE.
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: LASETER, PAT
Address: 124 PARKWOOD DR. S.
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KAREN MORAN PD 01/11/2005

Electronic Signature of Signing Officer or Director — Date