


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000698	
1. Entity Name THE LIGHT CLUB, INC.	

Principal Place of Business 630 E OCEAN AVE BOYNTON BEACH, FL 33435	Mailing Address 630 E OCEAN AVE BOYNTON BEACH, FL 33435
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01062006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0816631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORAN, JAMES J 630 E OCEAN AVE BOYNTON BEACH, FL 33435
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**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) 01/11/06 00000381762 01/11/06 00067-023 61.25

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MORAN, KAREN
STREET ADDRESS	630 E. OCEAN AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	VD
NAME	MORAN, JAMES J
STREET ADDRESS	630 E. OCEAN AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33435
TITLE	D
NAME	DONNALLY, DAVID
STREET ADDRESS	400 JACKSON AVE.
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	T
NAME	VACCARO, JOHN R
STREET ADDRESS	1325 S. CONGRESS AVENUE
CITY-ST-ZIP	BOYNTON BEACH, FL 33426
TITLE	D
NAME	DONNALLY, TAMI
STREET ADDRESS	400 JACKSON AVE.
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	D
NAME	LASETER, PAT
STREET ADDRESS	124 PARKWOOD DR. S.
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Karen Moran Karen Moran 1-6-06 561-478-2361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #