

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90157 002 \*\*\*150.00

<b>DOCUMENT # P04000004227</b> 1. Entity Name A KLUB KAR, INC.					
Principal Place of Business 1050 OLD DIXIE HWY VERO BEACH, FL 32960			Mailing Address 1050 OLD DIXIE HWY VERO BEACH, FL 32960		
2. Principal Place of Business 1895 43rd Ave.		3. Mailing Address 1895 43rd Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Vero Beach		City & State Vero Beach		4. FEI Number 20-0565957	
Zip 32960		Country Brevard		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  ALRON ENTERPRISE, INC. 3990 MINTON RD MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name McPherson, Paul Street Address (P.O. Box Number is Not Acceptable) 1895 43rd Ave. City Vero Beach FL Zip Code 32960			
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: <u>Paul McPherson, Reg. Agent</u> 04/26/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCPHERSON, PAUL 1050 OLD DIXIE HWY VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HABORA II, HENRY 1050 OLD DIXIE HIGHWAY VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HABORA, BARBARA 1050 OLD DIXIE HIGHWAY VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 607, 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: <u>Paul McPherson</u> Paul McPherson, Director 04/26/06 772-778-8287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					