## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000132823

Entity Name: CLUB BOOM, INC.

FILED Mar 05, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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ONE SOUTH OLD KINGS RD. ORMOND BEACH, FL 32176

Current Mailing Address: New Mailing Address:

ONE SOUTH OLD KINGS RD. 182 COQUINA KEY DRIVE ORMOND BEACH, FL 32176 ORMOND BEACH, FL 32176

FEI Number: 71-0971476 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEY, SHANNON
215 OCEAN TERRACE

DEY, SHANNON
182 COQUINA KEY DRIVE

215 OCEAN TERRACE 182 COQUINA KEY DRIVE ORMOND BEACH, FL 32176 US ORMOND BEACH, FL 32176 US

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: SHANNON DEY 03/05/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: () Change () Addition

 Name:
 DEBISH, HEATH
 Name:

 Address:
 5135 NW 82ND CT
 Address:

 City-St-Zip:
 OCALA, FL 34482
 City-St-Zip:

Title: D ( ) Delete Title: D (X) Change ( ) Addition
Name: ROSETTI. ROBERT A Name: ROSETTI. ROBERT A

Name: ROSETTI, ROBERT A
Address: 215 OCEAN TERRACE
City-St-Zip: ORMOND BEACH, FL 32176

Name: ROSETTI, ROBERT A
Address: 182 COQUINA KEY DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$ 

Name:DEY, SHANNON DName:DEY, SHANNON DAddress:215 OCEAN TERRACEAddress:182 COQUINA KEY DRIVECity-St-Zip:ORMOND BEACH, FL 32176City-St-Zip:ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON DEY CFO 03/05/2007