


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90078 001 \*\*\*150.00  
07-25-2006 90078 002 \*\*\*\*\*8.75

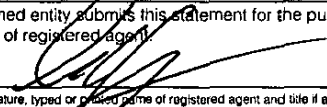
DOCUMENT # P05000002470	
1. Entity Name RENT YOUR CLUBS INC.	

Principal Place of Business 27833 HICKORY BLVD BONITA SPRINGS, FL 34134	Mailing Address 27833 HICKORY BLVD BONITA SPRINGS, FL 34134
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2. Principal Place of Business 1455 RAILHEAD BLVD Suite, Apt. #, etc. UNIT 29 City & State NAPLES FL Zip 34110 Country	3. Mailing Address 1455 RAILHEAD BLVD Suite, Apt. #, etc. UNIT 29 City & State NAPLES FL Zip 34110 Country
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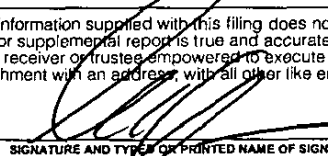
6. Name and Address of Current Registered Agent COJANU, CODRIN 27833 HICKORY BLVD BONITA SPRINGS, FL 34134
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7. Name and Address of New Registered Agent Name COJANU, MARIUS-CODRIN Street Address (P.O. Box Number is Not Acceptable) 13682 PINE VILLA LANE City FORT MYERS FL Zip Code 33912
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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 	DATE 07/19/06
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FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS COJANU, CODRIN 27833 HICKORY BLVD BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIUS-CODRIN COJANU 13682 PINE VILLA LANE FORT MYERS FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COJANU, CODRIN 27833 HICKORY BLVD BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	MARIUS-CODRIN COJANU Date 07/19/06 (239) 2980008