


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90036 030 ***150.00

DOCUMENT # P05000075620	
1. Entity Name CLUBHOUSE LIVING, INC.	

Principal Place of Business 4095 STATE RD 7 SUITE L-211 LAKE WORTH, FL 33467	Mailing Address 4095 STATE RD 7 SUITE L-211 LAKE WORTH, FL 33467
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2. Principal Place of Business 10338 MEDICIS PL.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WELLINGTON, FL	City & State
Zip 33467	Country USA
Zip 33467	Country FLA-BEACH



02062006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2947745		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 RUTTNER, SHERRY 11292 CORAL KWAY DR BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name SHERAM RUTTNER Street Address (P.O. Box Number is Not Acceptable) 10338 MEDICIS PL WELLINGTON City WELLINGTON FL Zip Code 33467

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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RUTTNER, SHERRY 4095 STATE RD 7 SUITE L-211 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secy/Treasurer Mitchel Ruttner 4095 State Road 7, Suite L-211 Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" 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
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: Sherry R. Ruttner, Pres Sherry R. Ruttner, Pres. 2/14/06 561-482-9460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #