2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 11, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P05000076453 1. Entity Name NZ CLUB MARKETING, INC.					09-11-2006 90	0002 012 ***150.0	O
Principal Place of Business 8 INDIAN CREEK ISLAND ROAD INDIAN CREEK VILLAGE, FL 33154 Mailing Address 8 INDIAN CREEK ISLAND INDIAN CREEK VILLAGE, FL 33154				1 188/1981 11	1 88581 8111 88111 88111 881	11- 2011 18010 USU UUUU UU	18 Wh 16 48 WE
12000	Biscayne Blud	3. Mailing Address	Mailing Address 17000 Biscayne Blud. Suite, Apt. #, etc.				
Suite, Apt. #, etc. Suite 803		Suite 803	Suite 803		Chg-P	CR2E034 (11/05)	
City & State Miami , FL		City & State Miami, 1	Miami, FL		06809	⊢ + - ·	plied For t Applicable
331 <u>8</u>	Country	Zip 33181	Country		of Status Desired	\$8.75 Add Fee Required	
CT CORP	DATE SYSTEM		Name				
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street A	Street Address (P.O. Box Number is Not Acceptable)			
			City	City FL Zip Code			
the obligat	named-entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registered agent, or bo	oth, in the State of Fic		and accept
SIGNATURE_	Signature, typed or printed name of registered agont a	and title if applicable. (NOT)	E: Pagistored Agent signal	ure required when reinstaling)		DATE	
FILE NOWIN FEE IS \$150.00 Due by September 6, 2006 9. Efection Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees		with s. 607.193(2)(b), not receive the prior i	
10.	:: OFFICERS AND		11.	ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-SI-ZIP	D . DIENER, ROBERT BINDIAN CREEK ISLAND ROAD INDIAN CREEK VILLAGE, FL 33		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITMAN, DAVID 14275 MIDWAY, SUITE 450 ADDISON, TX 75001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3010 LBJ Fil Dallas, TX	υy , Suite 7 75234	⊠ Change 12	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 🔲 Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET AGDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby indicated of the co-	certify that the information supplied with the on this report or supplemental report is reporation or the receiver of trustee empty, or on an attachment hith an address,	this filing does not qualify for true and accurate and that in owered to execute this report with all other like empowered	or the exemptions of the exemptions of my signature shall to the state of the exemptions of the exemption of the e	contained in Chapter 1 have the same legal effi apter 607, Florida Statu	 Florida Statutes. ect as if made under tes; and that my nan 	I further certify that the i oath; that I am an office ne appears in Block 10 o	nformation or director r Block 11 if