2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091812

FILED Jan 31, 2007 Secretary of State

Entity Name: X-WIVE	ES CLUB, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
P.O. BOX 8474 MADEIRA BEACH, FL 337388474		732 SUNSET COVE MADEIRA BEACH, FL	732 SUNSET COVE MADEIRA BEACH, FL 337082385 US	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
P.O. BOX 8474 MADEIRA BEACH, FL 337388474		P.O. BOX 8474 MADEIRA BEACH, FL	P.O. BOX 8474 MADEIRA BEACH, FL 337388474 US	
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
DRAGON, DEBBIE L 732 SUNSET COVE MADEIRA BEACH, FL	33708 US			
The above named entit in the State of Florida.	ty submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electr	onic Signature of Registered Age	ent	Date	
Election Campaign Financ	eing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P	() Delete	Title: P (2	X) Change()Addition	

DRAGON, DEBBIE L CFO DRAGON, DEBBIE L CFO Name: Name: 732 SUNSET COVE 732 SUNSET COVE Address: Address: City-St-Zip: MADEIRA BEACH, FL 337082385 City-St-Zip: MADEIRA BEACH, FL 337082385 US

Title: () Delete Title: (X) Change () Addition BROUSSARD, LEONA A BROUSSARD, LEONA A Name: Name: Address: 6555 1ST AVENUE NORTH Address: 6555 1ST AVENUE NORTH SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710 US City-St-Zip: City-St-Zip:

Title: Title: () Change (X) Addition () Delete

Name: Name: ALFANO, LORELEI M Address: Address: 175 GLADSTONE STREET City-St-Zip: City-St-Zip: CRANSTON, RI 02920 US

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: DEBBIE L DRAGON **PRES** 01/31/2007