## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000091812

Entity Name: X-WIVES CLUB, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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732 SUNSET COVE 15019 MADEIRA WAY - ATTN: DEBBIE DRAGON MADEIRA BEACH, FL 337082385 US

# 8622

MADEIRA BEACH, FL 337388622 US

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 8474 P.O. BOX 8622

MADEIRA BEACH, FL 337388474 US MADEIRA BEACH, FL 337388622 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

DRAGON, DEBBIE L DRAGON, DEBBIE L

732 SUNSET COVE 15019 MADEIRA WAY - DEBBIE DRAGON

MADEIRA BEACH, FL 33708 US #8622

MADEIRA BEACH, FL 337388622 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: 02/04/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

DRAGON, DEBBIE L CFO DRAGON, DEBBIE L CFO Name: Name: 732 SUNSET COVE 15019 MADEIRA WAY - #BOX 8622 Address: Address:

City-St-Zip: MADEIRA BEACH, FL 337082385 US City-St-Zip: MADEIRA BEACH, FL 337388622 US

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

BROUSSARD, LEONA A Name: Name: ALFANO, LORELEI M

6555 1ST AVENUE NORTH 15019 MADEIRA WAY - #BOX 8622 Address: Address: MADEIRA BEACH, FL 337388622 US SAINT PETERSBURG, FL 33710 US City-St-Zip: City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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** 02/04/2009