2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000018841

1. Entity Name CLUB MASTERS, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

12189 U.S. HIGHWAY 1 SUITE 39

NORTH PALM BEACH, FL 33408

12189 U.S. HIGHWAY 1

SUITE 39

NORTH PALM BEACH, FL 33408

FILED Feb 27, 2006 08:00 AM Secretary of State



01202006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0575999

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENIG, BARRY 12189 US HWY 1 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

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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. (am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered egent and title it applicable. [NOTE: Registered Agent algorithm required when reinstating) OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD HENIG, BARRY R 12189 U.S. HIGHWAY 1 NORTH PALM BEACH, FL 33408				H00000449706
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/09/06-80063-010 150.00
TITLE NAME STREET NODRESS CITY-ST-ZIP				DO	NOT WRITE
title name street address city-st-zip				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE WAVE STREET ADDRESS CITY-ST-ZIP	ı				
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 cartify 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 path; that it am an officer or director in the contained in the contained of the contained in the conta					

of the corporation of the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: