


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000078753 1. Entity Name CLUBSYSTEMS, INC.	
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Principal Place of Business 13873 WELLINGTON TRACE, SUITE B15, BUILDING C WELLINGTON, FL 33414	Mailing Address 13873 WELLINGTON TRACE, SUITE B15, BUILDING C WELLINGTON, FL 33414
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**DO NOT WRITE IN THIS SPACE**



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0663936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CASACCI, JOSEPH R ESQ  
 305 SOUTHEAST 18TH COURT  
 FT. LAUDERDALE, FL 33316

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D VALENTINE, JOHN A 87 ISLAND DR S. BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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U00000763017  
 05/29/07-80037-007 150.00

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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: *John A. Valentine* JOHN A. VALENTINE President  
 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-1-07 (561)  
 Daytime Phone #: (906-7563)