2006 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT

1. Entity Name CLUB DEAL 35, INC.

Principal Place of Business

Mailing Address

1350 E NEWPORT CENTER

P.O. BOX 4219

SUITE 206 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442-4219 US

FILED Apr 28, 2006 08:00 AN Secretary of State



04212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1531589 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

KAY, JAMES R KAY LAW OFFICES 700 VILLAGE SQUARE CROSSING, STE 102B

DOCUMENT # P98000059133

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PALM BEACH GARDENS, FL 33410			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signaluse, typod or printed name of registered agent and little i	dapplicable (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.88	Election Campaign Financ Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME SIREET ADDRESS CITY-ST-ZIP	D REIBLING, LORENZ 1350 E NEWPORT CENTER DR. STE DEERFIELD BEACH, FL 33442	206			
ITILE NAME STREET ADDRESS CITY-ST-ZIP	D REIBLING, GUENTHER 1350 E NEWPORT CENTER DR STE 206 DEERFIELD BEACH, FL 33442				U00000540370 05/10/06-80015-003 158.75
HILE NAME STREET ADDRESS CHY-ST-ZIP	VPAS KASSOF, LINDA G 1350 E. NEWPORT CENTER DR. STE DEERFIELD BEACH, FL 33442			NOT WRITE	
TITLE NAME STRLLI ADDRESS CHY-S1-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP					

12. Thereby 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:

NAME STREET ADDRESS CITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda G. Kassof

04/27/2006

(954) 428-4585

Date

Daytime Phone ⊭