

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 17, 2006  
Secretary of State**

DOCUMENT# F05000006948

Entity Name: SA BUSINESS CLUB CORPORATION

**Current Principal Place of Business:**

2662 DORADO COURT  
THOUSAND OAKS, CA 91362

**New Principal Place of Business:**

**Current Mailing Address:**

2662 DORADO COURT  
THOUSAND OAKS, CA 91362

**New Mailing Address:**

FEI Number: 54-2124984      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ELLISON, AMANDA  
4712 N. BAY ROAD  
MIAMI BEACH, FL 33140      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CP      ( ) Delete  
Name: JACOB, MANDY  
Address: 2662 DORADO COURT  
City-St-Zip: THOUSAND OAKS, CA 91362

Title: DS      ( ) Delete  
Name: ELLISON, AMANDA  
Address: 2662 DORADO COURT  
City-St-Zip: THOUSAND OAKS, CA 91362

Title: TS      ( ) Delete  
Name: RANIGA, PREM  
Address: 3509 ASPEN GROVE  
City-St-Zip: IRVINE, CA 92618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      (X) Change ( ) Addition  
Name: ELLISON, AMANDA J  
Address: 4712 N. BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANDY JACOB

CP

03/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date