


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000000969</b> 1. Entity Name 50-50 CLUB, INC.	
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Principal Place of Business 2700 GRANT ST MELBOURNE, FL 32901	Mailing Address P.O. BOX 2047 MELBOURNE, FL 32902-2047
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04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3122784	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

JACKSON, CHARLES W  
 2638 S HARBOR CITY BLVD  
 MELBOURNE, FL 32901

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and state if applicable

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

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

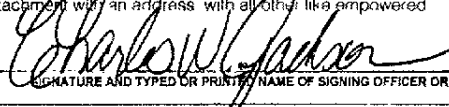
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JACKSON, ANTHONY E
STREET ADDRESS	2700 GRANT ST
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	V
NAME	JACKSON, HENRY R
STREET ADDRESS	3108 SWIFT DR
CITY - ST - ZIP	MELBOURNE, FL 32901
TITLE	T
NAME	JACKSON, CHARLES W
STREET ADDRESS	P.O. BOX 2047
CITY - ST - ZIP	MELBOURNE, FL 329022047
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/11/06-80104-012 150.00

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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:  4/25/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #