

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006375

FILED
Apr 21, 2005
Secretary of State

Entity Name: COLLEGE CAMP, INC.

Current Principal Place of Business:

3409 ANDERSON RD
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

3409 ANDERSON RD
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-1143468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLOUCHA, L.M. ESQ.
ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, P.A.
1946 TYLER ST
HOLLYWOOD, FL 330204517 US

Name and Address of New Registered Agent:

BEILEY, STANLEY A ESQ.
SACHER, ZELMAN, VANSANT, PAUL, BEILEY
1401 BRICKELL AVE -SUITE 700
MIAMI, FL 33131 US

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: STANLEY A. BEILEY

04/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COORDS, SALLY
Address: 3409 ANDERSON RD
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ROSE, GLENDA
Address: 4000 TOWERSIDE TERRACE, #1901
City-St-Zip: MIAMI, FL 33138

Title: D () Delete
Name: PINCUS, ROSALIE
Address: 11 ISLAND AVE
City-St-Zip: MIAMI BCH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 Section 119.07(3)(i), 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: GLENDA ROSE

PRES

04/21/2005

Electronic Signature of Signing Officer or Director

Date