


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90312 008 ***150.00

DOCUMENT # P04000163258	
1. Entity Name LIL' CAMPER'S ACADEMY INC.	

Principal Place of Business 30126 STATE ROAD 54 WESLEY CHAPEL, FL 33543 US	Mailing Address 30126 STATE ROAD 54 WESLEY CHAPEL, FL 33543 US
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2. Principal Place of Business <i>SAME AS ABOVE</i>	3. Mailing Address <i>15126 SPRINGVIEW ST</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

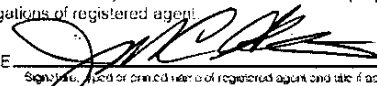
City & State <i>TAMPA FL</i>	4. FEI Number <i>13-4290791</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33624</i>	Country <i>US</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



03072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LEGAL ZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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:  DATE: *3-7-05*


Signature of individual or principal officer of registered agent and state if applicable. (NOTE: Registered Agent signature required when consisting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CIMATO, SHARON D			NAME			
STREET ADDRESS	30126 STATE ROAD 54			STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CIMATO, JOSEPH M			NAME			
STREET ADDRESS	30126 STATE ROAD 54			STREET ADDRESS			
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify 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 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 file 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:  DATE: *3-7-05* 813-264-1871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR