2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053190

Entity Name: CAMPA ENTERPRISES, INC.

FILED Jun 14, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6520 LIMERICK AVE 6520 LIMERICK AVENUE

NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653

Current Mailing Address: New Mailing Address:

6520 LIMERICK AVE 6520 LIMERICK AVENUE

NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

 MIZIO, ARMANDO F
 MIZIO, ARMANDO F

 25400 U.S. 19 NORTH
 25400 U.S. HWY 19 NORTH

 SUITE 210
 SUITE 210

CLEARWATER, FL 33763 US CLEARWATER, FL 33763 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: ARMANDO F. MIZIO 06/14/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: DPT (X) Change () Addition Name: CAMPA, STEPHEN J Name: CAMPA, STEPHEN J SR.

Address: 6520 LIMERICK AVE
City-St-Zip: NEW PORT RICHEY, FL 34653 Address: 6520 LIMERICK AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete Title: DVPS (X) Change () Addition Name: CAMPA, BARBARA A Name: CAMPA, BARBARA A

Address: 6520 LIMERICK AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Address: 6520 LIMERICK AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

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

SIGNATURE: STEPHEN J. CAMPA, SR. DPT 06/14/2006