2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2007
Secretary of State

DOCUMENT# 318467

Entity Name: CAMERA GRAPHICS, INC.

Current Principal Place of Business:

336 GOLFVIEW RD.
APT. 602
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

336 GOLFVIEW RD.
SUITE 602
NORTH PALM BEACH, FL 33408 US

Current Mailing Address:

336 GOLFVIEW RD.
APT. 602
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

336 GOLFVIEW RD.
SUITE 602
NORTH PALM BEACH, FL 33408 US

FEI Number: 59-1167230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEITS, KATHRYN L MS
336 GOLFVIEW RD. #602
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

DEITS, KATHRYN L MS
336 GOLFVIEW RD.
SUITE 602
NORTH PALM BEACH, FL 33408 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: KATHRYN L. DEITS 02/25/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: DEITS, ELOISE
Address: 336 GOLFVIEW ROAD #608
City-St-Zip: NORTH PALM BEACH, FL

Title: PD ( ) Delete
Name: DEITS, KATHRYN L
Address: 336 GOLFVIEW RD. #602
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VP ( ) Delete
Name: ECKERSLEY, ROBYN D
Address: 336 GOLFVIEW ROAD #608
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition
Name: ECKERSLEY, ROBYN D
Address: 509 LAKE CHARM DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: VP ( ) Change (X) Addition
Name: ECKERSLEY, JAMES D
Address: 336 GOLFVIEW ROAD #608
City-St-Zip: NORTH PALM BEACH, FL 33408

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: KATHRYN L. DEITS PD 02/25/2007
Electronic Signature of Signing Officer or Director Date