2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2008
Secretary of State

DOCUMENT# 318467

Entity Name: CAMERA GRAPHICS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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.
SUITE 602
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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: _____

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:

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: 509 LAKE CHARM DRIVE
City-St-Zip: OVIEDO, FL 32765

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: DEITS, ELOISE
Address: 336 GOLFVIEW ROAD #608
City-St-Zip: NORTH PALM BEACH, FL 33408

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KATIE DEITS MS. 06/28/2008

Electronic Signature of Signing Officer or Director Date