2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2007
Secretary of State

DOCUMENT# 597961

Entity Name: BLUE RIDGE CAMP & RESORT, INC.

Current Principal Place of Business:

2502 PRAIRIE AVENUE
P.O. BOX 2888
MIAMI BEACH, FL 33140

New Principal Place of Business:

2502 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

Current Mailing Address:

2502 PRAIRIE AVENUE
P.O. BOX 2888
MIAMI BEACH, FL 33140

New Mailing Address:

2502 PRAIRIE AVENUE
MIAMI BEACH, FL 33140

FEI Number: 59-1970571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALDMAN, MORRIS
2502 PRAIRIE AVENUE
MIAMI BCH., FL 33140 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WALDMAN, MORRIS,
Address: 2502 PRAIRIE AVE
City-St-Zip: MIAMI BEACH FL,

Title: DV ( ) Delete
Name: MONTGOMERY, J.I.,
Address: 2502 PRAIRIE AVE
City-St-Zip: MIAMI BEACH FL,

Title: SD ( ) Delete
Name: WALDMAN, SHEILA
Address: 2502 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT ( ) Delete
Name: WALDMAN, JOSEPH
Address: 2502 PRAIRIE AVE.
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: WALDMAN, SHEILA,
Address: 2502 PRAIRIE AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: DT (X) Change ( ) Addition
Name: WALDMAN, JOSEPH,
Address: 2502 PRAIRIE AVE.
City-St-Zip: MIAMI BEACH, FL 33140

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: MORRIS WALDMAN D/P 04/22/2007

Electronic Signature of Signing Officer or Director — Date