


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 597961</b> 1. Entity Name <b>BLUE RIDGE CAMP &amp; RESORT, INC.</b>	
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Principal Place of Business <b>2502 PRAIRIE AVENUE MIAMI BEACH, FL 33140</b>	Mailing Address <b>2502 PRAIRIE AVENUE MIAMI BEACH, FL 33140</b>
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04272008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1970571</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>WALDMAN, MORRIS 2502 PRAIRIE AVENUE MIAMI BCH., FL 33140</b>
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IN THIS SPACE**

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 Sheila Waldman -  DATE 4/28/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALDMAN, MORRIS 2502 PRAIRIE AVE MIAMI BEACH FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MONTGOMERY, J.I. 2502 PRAIRIE AVE MIAMI BEACH FL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALDMAN, SHEILA 2502 PRAIRIE AVENUE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WALDMAN, JOSEPH 2502 PRAIRIE AVE. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/27/08-80076-024 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila Waldman  DATE 4/28/07 DAYTIME PHONE # 3055383434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR