


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90240 042 ****61.25

DOCUMENT # 714649		
1. Entity Name CAMELOT HALL CONDOMINIUM CORP., INC.		

Principal Place of Business 4301 NW 16TH STREET LAUDERHILL, FL 33313 US	Mailing Address 4301 NW 16TH STREET LAUDERHILL, FL 33313 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02152006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1320384	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEMIRE, REINE G 4301 N.W. 16TH ST. LAUDERHILL, FL 33313		7. Name and Address of New Registered Agent Name <u>MINKLEY, AUDREY</u> Street Address (P.O. Box Number is Not Acceptable) <u>4301 N.W. 16TH STREET</u> City <u>LAUDERHILL</u> FL <u>33313</u>	
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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 <u>Audrey Minkley</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	AUDREY MINKLEY, CAM 2/27/06 <small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAUD, GHISLAIN 4321 NW 16TH STREET C-110 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COMPTON, DENIS 4321 NW 16TH STREET, C-207 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAVOIE, RAYMOND 4321 NW 16TH ST, C-204 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLETTE, CLAUDE 4321 NW 16TH STREET, C-303 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MICHAUD, GHISLAIN 4321 NW 16TH STREET C-110 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POULIOT, CLAUDE 4321 NW 16TH STREET, C-201 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANKEL, ARNOLD 4321 NW 16TH STREET C-103 LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAFRENIERE, RONALD 4321 NW 16TH STREET C-209 LAUDERHILL, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOULIOT, CLAUDE 4321 NW 16TH ST C-201 LAUDERHILL, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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.	
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SIGNATURE: <u>For Denis Compton, P. Minkley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	CLAUDE MILLETTE, 3/9/06 <small>Daytime Telephone</small>
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954-733-1922