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Aug 11, 2005 8:00 am
Secretary of State

07-13-2005 90018 014 ***150.00
08-11-2005 90004 028 ***408.75

2005 FOR PROFIT CORPORATION

50061093

DOCUMENT # F04000005041

1. Entity Name

CAAMCO, INC.

Principal Place of Business	Mailing Address
3304 HIDDEN COVE CIRCLE NORCROSS, GA 30092	3304 HIDDEN COVE CIRCLE NORCROSS, GA 30092

2. Principal Place of Business		3. Mailing Address	
		8010-N-W-96 TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
		JAMACAC-UNIT 205	
City & State		City & State	
		FLORIDA -	
Zip	Country	Zip	Country
		33321	BROWARD

4. FEI Number 030542590 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC
92 SADBERRY ROAD
QUINCY, FL 32351

7. Name and Address of New Registered Agent

Name RANDY PEMBERTON
Street Address (P.O. Box Number is Not Acceptable) 8010 NW 96 TERRACE
UNIT # 205
City JAMACAC FL Zip Code 33321

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 [signature] 03/14/05
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEMBERTON RANDY 3304 HIDDEN COVE CIRCLE NORCROSS, GA 30092	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: RANDY PEMBERTON [signature] 03/14/05 954/722-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #