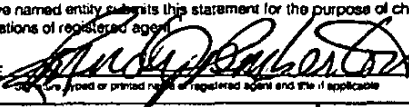


2005 FOR PROFIT CORPORATION

FILED
Aug 11, 2005 8:00 am
Secretary of State

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

DOCUMENT # F04000005041			
1. Entity Name CAAMCO, INC.			
Principal Place of Business 3304 HIDDEN COVE CIRCLE NORCROSS, GA 30092		Mailing Address 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. TAMARAC - UNIT 205	
City & State FLORIDA		4. FEI Number 030542590	
Zip 33321		Country FLORIDA	
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 LANDY PEMBERTON 8010 NW 96 TERRACE UNIT # 205 TAMARAC FL 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:  DATE: 03/14/05 (NOTE: Registered Agent signature required when reappointing)			
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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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, and all other like empowered.			
SIGNATURE: 		DATE: 03/14/05 TIME: 9:54 AM	

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