2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# F05000001223

Entity Name: CAMP SYSTEMS INTERNATIONAL INC.

Current Principal Place of Business:

999 MARCONI AVENUE
RONKONKOMA, NY 11779

New Principal Place of Business:

Current Mailing Address:

999 MARCONI AVENUE
RONKONKOMA, NY 11779

New Mailing Address:

FEI Number: 02-0736525 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PRES ( ) Delete
Name: GRAY, KENNETH
Address: 999 MARCONI AVENUE
City-St-Zip: RONKONKOMA, NY 11779

Title: CFO ( ) Delete
Name: DIETZE, EDWARD
Address: 999 MARCONI AVENUE
City-St-Zip: RONKONKOMA, NY 11779

Title: D ( ) Delete
Name: COLODNY, MARK
Address: 466 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete
Name: GRAFF, MICHAEL
Address: 466 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10017

Title: D ( ) Delete
Name: SADRIAN, JUSTIN
Address: 466 LEXINGTON AVE.
City-St-Zip: NEW YORK, NY 10017

Title: EVP ( ) Delete
Name: GOTTEMUKKALA, VIBBY
Address: 999 MARCONI AVENUE
City-St-Zip: RONKONKOMA, NY 11779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: DIANE POSNER CONT 02/26/2009

Electronic Signature of Signing Officer or Director — Date