

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003651

FILED
Feb 10, 2009
Secretary of State

Entity Name: CAMGIAN NETWORKS CORPORATION

Current Principal Place of Business:

104 D RUE DU GRAND FROMAGE
STARKVILLE, MS 39759

New Principal Place of Business:

Current Mailing Address:

2500 MAITLAND CENTER PKWY
SUITE 203
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 14-1976670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESON, CAROL A
2500 MAITLAND CENTER PARKWY
STE 203
MAITLAND, FL 32751 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: CEO () Delete
Name: BUTLER, GARY D
Address: 104 D RUE DU GRAND FROMAGE
City-St-Zip: STARKVILLE, MS 39759

Title: D () Delete
Name: JOSEPHS, GENE
Address: 200 BEACH TREE LANE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: STOCKTON, JOHN
Address: 4233 HIDDEN CANYON COVE
City-St-Zip: AUSTIN, TX 78746

Title: COO () Delete
Name: LAMB, DAVID R
Address: 2500 MAITLAND CENTER PARKWAY STE 203
City-St-Zip: MAITLAND, FL 32751

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:

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: GARY D. BUTLER

CEO

02/10/2009

Electronic Signature of Signing Officer or Director

Date