

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000006172

FILED
Jan 15, 2009
Secretary of State

Entity Name: CAMP H20, INC.

Current Principal Place of Business:

775 GALLEON DRIVE
NAPLES, FL 34102

New Principal Place of Business:

267 GLEN EAGLE CIRCLE
NAPLES, FL 34104

Current Mailing Address:

775 GALLEON DRIVE
NAPLES, FL 34102

New Mailing Address:

267 GLEN EAGLE CIRCLE
NAPLES, FL 34104

FEI Number: 77-0707343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWTHER, RUTH E
775 GALLEON DRIVE
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

LOWTHER, RUTH E
267 GLEN EAGLE CIRCLE
NAPLES, FL 34104 US

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: RUTH E. LOWTHER

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: JOHNSTON, JAMES A
Address: 775 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: DT () Delete
Name: EMBREE, KEITH M
Address: 775 GALLEON DRIVE
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: LOWTHER, RUTH E
Address: 267 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: THOMPSON, RONALD
Address: REEF DIVERS P.O. BOX 51
City-St-Zip: LITTLE CAYMAN CAYMAN ISLANDA,

Title: D () Delete
Name: PIERRE VAN DONGEN, JOHN DR
Address: 655 16TH AVE SOUTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: CURTIS, LAWRENCE E
Address: PO BOX 900
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: JOHNSTON, JAMES A
Address: 267 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34104

Title: DT (X) Change () Addition
Name: EMBREE, KEITH M
Address: 267 GLEN EAGLE CIRCLE
City-St-Zip: NAPLES, FL 34104

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH E. LOWTHER

SD

01/15/2009

Electronic Signature of Signing Officer or Director

Date