



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F32453 1. Entity Name CAMELOT, INC.			
Principal Place of Business % BENNY VALLETTA 4541 N.E. 5TH AVENUE POMPANO BCH., FL 33064		Mailing Address 5150 NW 17TH ST MARGATE, FL 33063	
			
		02102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2096894	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VALLETTA, BENNY 4541 N.E. 5TH AVENUE POMPANO BCH., FL 33064			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	PD	U00000446807 03/08/06-80027-008 150.00	
NAME	VALLETTA, JOHN		
STREET ADDRESS	3007 LAKESHORE DR.		
CITY-ST-ZIP	DEERFIELD BCH, FL		
TITLE	VP		
NAME	VALLETTA, DAVID		
STREET ADDRESS	2676 SW 144 CT		
CITY-ST-ZIP	DEERFIELD, FL		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 time empowered.			
SIGNATURE: <u>JOHN J. VALLETTA</u> 2/22/06 352-492-7124 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			