


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # F74627 1. Entity Name ADAMS, CAMERON TITLE SERVICES, INC.	
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Principal Place of Business 444 SEABREEZE BLVD STE 170 DAYTONA BEACH, FL 32118	Mailing Address 444 SEABREEZE BLVD STE 170 DAYTONA BEACH, FL 32118
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DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2203368	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEMMON, BARBARA ANN 444 SEABREEZE BLVD STE 170 DAYTONA BEACH, FL 32118	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000661587 03/20/07-80048-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEMMON, BARBARA ANN 2675 JOHN ANDERSON DR. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, HELEN 1094 JOHN ANDERSON DR. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, ROBERT L. 986 JOHN ANDERSON DR. ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered

SIGNATURE:  **ROBERT L. ADAMS** 3.7.07 386 253 8044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #