

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003086

FILED
Jan 03, 2008
Secretary of State

Entity Name: BLUE STAR CAMPS INCORPORATED

Current Principal Place of Business:

179 BLUE STAR WAY
HENDERSONVILLE, NC 28739 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1029
HENDERSONVILLE, NC 287931029 US

New Mailing Address:

FEI Number: 56-0651011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPKIN, RODGER M
3595 SHERIDAN ST.
SUITE 107
HOLLYWOOD, FL 33021 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: P () Delete
Name: POPKIN, RODGER M
Address: 3595 SHERIDAN ST. STE. 107
City-St-Zip: HOLLYWOOD, FL 33021

Title: V () Delete
Name: POPKIN, MARYANN N
Address: 3595 SHERIDAN ST. SUITE 107
City-St-Zip: HOLLYWOOD, FL 33021

Title: S () Delete
Name: POPKIN, JASON S
Address: 3595 SHERIDAN ST. SUITE 107
City-St-Zip: HOLLYWOOD, FL 33021

Title: AS () Delete
Name: ROSENBERG, THOMAS I
Address: P.O. BOX 1029
City-St-Zip: HENDERSONVILLE, NC 287931029

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: THOMAS I ROSENBERG

MR.

01/03/2008

Electronic Signature of Signing Officer or Director

Date