2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005165

Entity Name: CAMICO SERVICES, INC.

FILED Apr 18, 2007 Secretary of State

Current Pr	incipal Place	of Business:	New Princi	New Principal Place of Business:		
1235 RADIO ROAD REDWOOD CITY, CA 94065						
Current Mailing Address:			New Mailir	New Mailing Address:		
1235 RADIO ROAD REDWOOD CITY, CA 94065						
FEI Number: 94-3226026 FEI Number Applied For () FEI Number			FEI Number Not Appli	er Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Na				Name and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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:						
	Electroni	c Signature of Registered Agen	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () DODSWORTH, 0 690 BLINN COU LOS ALTOS, CA	RT	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	CFOV () OLSON, STUAR 1235 RADIO RO REDWOOD CIT	AD 2ND FLOOR	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	V () KLEIN, RONALD 2764 GOODWIN REDWOOD CIT	I AVENUE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	V () DENNIS, GAIL A 1235 RADIO RO REDWOOD CIT	AD	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	V () MAKER, SANDR 45 MICHAEL LAI ORINDA, CA 94	NE	Title: Name: Address: City-St-Zip:	() Cha	ange () Addition	
Title: Name: Address: City-St-Zip:	V () ROSARIO, RICA 118 BARKENTIN FOSTER CITY, G	E	Title: Name: Address: City-St-Zip:	V (X) Cha ROSARIO, RICARD 106 GOLDHUNTER FOSTER CITY, CA		
I hereby certify that the information supplied with this filing does not qualify for the 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						

SIGNATURE: STUART E. OLSON VP 04/18/2007

above, or on an attachment with an address, with all other like empowered.