2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF

PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

Secretary of State **DOCUMENT # H31889** 03-13-2006 90085 037 ***150.00 VERO BEACH KAMP, INC. Principal Place of Business Mailing Address 50002338 8850 US 1 8850 US 1 SEBASTIAN, FL 32958 SEBASTIAN, FL 32958 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 CR2E034 (11/05) Cha-P Applied For City & State City & State 4. FEI Number 59-2463460 Not Applicable Country Zip Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAHN, STANLEY W Street Address (P.O. Box Number is Not Acceptable) 8850 US 1 SEBASTIAN, FL 32958 City Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change **Addition** TITLE ☐ Delete TITLE Marilou Keen KAHN, STANLEY W. NAME NAME 8325 66th Avenue 8325 66TH AVE STREET ADDRESS STREET ADDRESS VERO BCH., FL 32967 CITY-ST-ZIP Vero Beach, EL CITY-ST-ZIP Change ☐ Addition LS Delete MLE TITLE KAHN, SHIRLEY NAME NAME STREET ADDRESS 8325 66TH AVE STREET ADDRESS VERO BCH., FL 32967 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED

Mar 13, 2006 8:00 am