

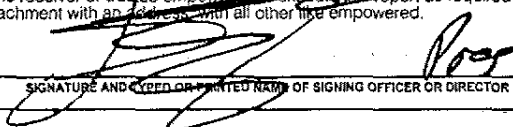


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H36367</b>						
1. Entity Name <b>CAMP &amp; CAMP, P.A.</b>						
Principal Place of Business <b>111 SE 12 STREET FORT LAUDERDALE, FL 33316</b>	Mailing Address <b>111 SE 12 STREET FORT LAUDERDALE, FL 33316</b>	  01042007    No Chg-P    CR2E034 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number <b>59-2449128</b></td><td style="width: 40%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required</td></tr></table>	4. FEI Number <b>59-2449128</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>CAMP, JAMES D JR 111 SE 12 STREET FORT LAUDERDALE, FL 33316</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 reinstating) DATE _____</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT CAMP, JAMES D III 111 SE 12TH STREET FORT LAUDERDALE, FL 33316</b>	<div style="margin-bottom: 20px;">000000617381 02/07/07-80071-014 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS CAMP, JAMES D JR 111 SE 12TH STREET FORT LAUDERDALE, FL 33316</b>					
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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 when all other time empowered.						
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-31-07</b> Daytime Phone # <b>954-524-8111</b>				