

2007 FOR PROFIT CORPORATION ANNUAL REPORT

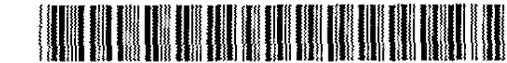
FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # J60008
 1. Entity Name
 CAMP PINEWOOD, INC.



Principal Place of Business 300 ORR'S CAMP RD % JACK LEVINE HENDERSONVILLE, NC 28792 US	Mailing Address 300 ORR'S CAMP RD % JACK LEVINE HENDERSONVILLE, NC 28762 US
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07062007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2781019	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVINE, JACK
 11150 NW 33RD ST
 CORAL SPR, FL 33065

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVINE, JACK 300 ORRS CAMP RD HENDERSONVILLE, NC
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEVINE, RONALD 11150 NW 33 ST CORAL SPR, FL
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 07/18/07-80002-006 150.00

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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, with all other like empowered.

SIGNATURE: Ronald Levine RONALD LEVINE 7/19/07 828 692 6239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #