2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007
Secretary of State

DOCUMENT# N02000000867

Entity Name: THE WOODLANDS C.A.M.P., INC.

Current Principal Place of Business:

4501 CROOKED RD.
TALLAHASSEE, FL 32304

New Principal Place of Business:

4501 CROOKED RD.
TALLAHASSEE, FL 32310

Current Mailing Address:

3507 SHARER ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 56-2462794 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOMA, LARRY
3507 SHARER RD.
TALLAHASSEE, FL 32312 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SCOMA, LARRY
Address: 3507 SHARER RD.
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: SCOMA, MARIO
Address: 2319 TALLEY LANE
City-St-Zip: TALLAHASSEE, FL 32304

Title: D ( ) Delete
Name: SCOMA, SUSAN
Address: 3507 SHARER RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: SCOMA, TIFFANY
Address: 2320 TALLEY LANE
City-St-Zip: TALLAHASSEE, FL 32304

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY SCOMA D 02/26/2007

Electronic Signature of Signing Officer or Director — Date