


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02000005254</b> 1. Entity Name <b>CONGENITAL HAND CAMP, INC.</b>	
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Principal Place of Business <b>3450 HULL ROAD GAINESVILLE, FL 32607</b>	Mailing Address <b>P.O. BOX 140572 GAINESVILLE, FL 32604-0572</b>
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**DO NOT WRITE IN THIS SPACE**



02152007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>37-1437593</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>UMAN, JENNIFER 126 FIRST TERRACE PALM BEACH GARDENS, FL 33418</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

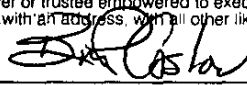
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD UMAN, JENNIFER 126 FIRST TERRACE PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELL, RUTH 10712 SW WILLISTON MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOODALL, SARA 1631 SHERBROOK RD CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASLOW, BRIAN 220 LAKE SEMINARY CIRCLE MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DELL, PAUL 10712 SW WILLISTON MICANOPY, FL 32667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000671482  
03/28/07-80031-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:**

 **BRIAN P. CASLOW** 3/14/07 4076770370  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #