2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005
Secretary of State

DOCUMENT# N02000006916

Entity Name: CAMP IMPACT INC.

Current Principal Place of Business:

2924 DANA LANE
KISSIMMEE, FL 34744

New Principal Place of Business:

54023 EVERGREEN TRAIL
CALLAHAN, FL 32011

Current Mailing Address:

2924 DANA LANE
KISSIMMEE, FL 34744

New Mailing Address:

54023 EVERGREEN TRAIL
CALLAHAN, FL 32011

FEI Number: 02-0642398 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILLIAMS, GREG J
2924 DANA LANE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

WILLIAMS, GREG J
54023 EVERGREEN TRAIL
CALLAHAN, FL 32011 US

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: GREG J. WILLIAMS 05/25/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, GREG J
Address: 2924 DANA LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: VPSD ( ) Delete
Name: WILLIAMS, JILL S
Address: 2924 DANA LANE
City-St-Zip: KISSIMMEE, FL 34744

Title: VPTD ( ) Delete
Name: LOVELESS, BRIAN
Address: 100 E. GRAND HWY
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, GREG J
Address: 54023 EVERGREEN TRAIL
City-St-Zip: CALLAHAN, FL 32011

Title: VPSD (X) Change ( ) Addition
Name: WILLIAMS, JILL S
Address: 54023 EVERGREEN TRAIL
City-St-Zip: CALLAHAN, FL 32011

Title: VPTD (X) Change ( ) Addition
Name: LOVELESS, BRIAN
Address: 401 WEST CHURCH STREET
City-St-Zip: GRAND PRAIRIE, TX 75050

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREG J. WILLIAMS PD 05/25/2005
Electronic Signature of Signing Officer or Director Date