


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000007181

1. Entity Name
CAMELOT DAYS, INC.



Principal Place of Business 2940 SW 154 LN DAVIE, FL 33331	Mailing Address 6971 SW 64TH ST MIAMI, FL 33143
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01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-2122511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANAFOURDE, B.K
 6971 HARDEE RD
 MIAMI, FL 33143

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	D HANAFOURDE, BRADLEY K 6971 SW 64TH ST. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANAFOURDE, SARAH 6971 SW 64TH ST. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRICHTON, BOBBIE 2940 SW 154 LN DAVIE, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORRIS, MARC A 8957 NW 44 CT FORT LAUDERDALE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, MICHELLE 6530 NW 211 CT APT.B POMPANO BEACH, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/17/07-80079-007 61.25

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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 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: AKH [Signature] BK HANAFOURDE 1/11/07 305 661 0425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #