

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# N03000007181

Entity Name: CAMELOT DAYS, INC.

Current Principal Place of Business:

2940 SW 154 LN
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

6971 SW 64TH ST
MIAMI, FL 33143

New Mailing Address:

FEI Number: 54-2122511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANAFOURDE, B.K
6971 HARDEE RD
MIAMI, FL 33143 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: HANAFOURDE, BRADLEY K
Address: 6971 SW 64TH ST.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: HANAFOURDE, SARAH
Address: 6971 SW 64TH ST.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: CRICHTON, BOBBIE
Address: 2940 SW 154 LN
City-St-Zip: DAVIE, FL 33331

Title: D () Delete
Name: NORRIS, MARCIA A
Address: 8957 NW 44 CT
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: D () Delete
Name: ROBERTS, MICHELLE
Address: 6530 NW 211 CT APT.B
City-St-Zip: POMPANO BEACH, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: HANAFOURDE, BRADLEY K
Address: 6971 SW 64TH ST.
City-St-Zip: MIAMI, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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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 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: B. K. HANAFOURDE

P.

01/14/2009

Electronic Signature of Signing Officer or Director

Date