

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008689

FILED
Mar 04, 2006
Secretary of State

Entity Name: NACAM UNITED, INC.

Current Principal Place of Business:

PO BOX 460037
FORT LAUDERDALE, FL 33346

New Principal Place of Business:

Current Mailing Address:

PO BOX 460037
FORT LAUDERDALE, FL 33346

New Mailing Address:

FEI Number: 86-1084461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINK, EDWARD R
2000 S OCEAN DRIVE PH 3
FORT LAUDERDALE, FL 333163810 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: DP () Delete
Name: ALLISTER, ALBERT
Address: 1220 N OCEAN BLVD
City-St-Zip: GULF STREAM, FL 33483

Title: DV () Delete
Name: BERCHIELLI, GIAN L
Address: 9111 NW 45TH STREET
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: BROWN, ARTHUR A
Address: 511 BAYSHORE DR #710
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D () Delete
Name: FINK, EDWARD R
Address: 2000 S OCEAN DRIVE PH 3
City-St-Zip: FORT LAUDERDALE, FL 333163810

Title: D () Delete
Name: GREENFIELD, LEO
Address: 1721 E TRAFALGAR CIRCLE
City-St-Zip: HOLLYWOOD, FL 33020

Title: DS () Delete
Name: KIRKPATRICK, HUGH H
Address: 2100 S OCEAN LANE #2008
City-St-Zip: FT LAUDERDALE, FL 33316

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:

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: EDWARD R. FINK

D

03/04/2006

Electronic Signature of Signing Officer or Director

Date