

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
08 OCT -7 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000004273 1. Entity Name CAMP SUNSHINE INTERNATIONAL, INC.	
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Principal Place of Business 5076 EGRET POINT CIR. BOCA RATON, FL 33431 US	Mailing Address 5076 EGRET POINT CIR. BOCA RATON, FL 33431 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



09172008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2734033	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 GOULD, LARRY 5076 EGRET POINT CIR. BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D GOULD, LARRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, LARRY	NAME	100136819441
STREET ADDRESS	5076 EGRET POINT CIR.	STREET ADDRESS	10/10/08-01038-010 **61.25
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	D GOULD, MARTIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, MARTIN	NAME	
STREET ADDRESS	250 DURHAM STREET	STREET ADDRESS	
CITY-ST-ZIP	EASTON, PA 18042	CITY-ST-ZIP	
TITLE	D GORIN, DAVID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORIN, DAVID	NAME	
STREET ADDRESS	1199 MEADOW GREEN LANE	STREET ADDRESS	
CITY-ST-ZIP	MCLEAN, VA 22102	CITY-ST-ZIP	
TITLE	D GOULD, GRIFFIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, GRIFFIN	NAME	
STREET ADDRESS	4439 REBEL VALLEY VIEW	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	D GOULD, ALISON <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, ALISON	NAME	
STREET ADDRESS	4439 REBEL VALLEY VIEW	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	D TOMS, DON <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMS, DON	NAME	
STREET ADDRESS	PO BOX 130	STREET ADDRESS	
CITY-ST-ZIP	SOUTH CASCO, ME 04077	CITY-ST-ZIP	

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: Larry Gould 9/22/08 561-391-1100

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