2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010269

Entity Name: KAMP KHALIL, INC

FILED Mar 11, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
2820 N JUI DELTONA	LIET DR , FL 32738				
Current Mailing Address:			New Mailing Addı	New Mailing Address:	
PO BOX 39 DELTONA	91101 , FL 32739				
FEI Number:	20-8089835	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
KHALIL, BA 2820 N JUI DELTONA		US			
The above in the State		submits this statement for the pu	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE:					
	Electro	onic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	NGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES (KHALIL, HANI 2820 N JULIE DELTONA, FL	T DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ED (KHALIL, BAIY 2820 N JULIE DELTONA, FL	T DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SERAAJ, NAÈ 9462 ALYSBU		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SHABAZZ, D. 110 S POWE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HATCH- ABDI 2121 BARCE) Delete JLLAH, DELLA K LONA WAY S BURG, FL 33712	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FURQAN, ZAI 313 ARLINGT		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: BAIYINA H KHALIL ED 03/11/2008