2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N99000005842

Entity Name: CAMP FLORIDA FISH TALES, INC.

Current Principal Place of Business:

PO BOX 21682
SARASOTA, FL 34276

New Principal Place of Business:

Current Mailing Address:

PO BOX 21682
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 65-0954222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EINWAG, MUFFET ELIOT
2173 PINE GARDENS TRAIL
SARASOTA, FL 34231 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: CRANE, LYNETTE
Address: 817 CEDERCREST COURT
City-St-Zip: SARASOTA, FL 34232

Title: D ( ) Delete
Name: JASNICH, MATTHEW
Address: 6690 SUPERIOR AVE.
City-St-Zip: SARASOTA, FL 34231

Title: O ( ) Delete
Name: EINWAG, MUFFET
Address: 2173 PINE GARDENS TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete
Name: ELIOT, JENNIFER
Address: 2407 BREAKWATER CIR
City-St-Zip: SARASOTA, FL 34231

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:

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: LYNETTE CRANE D 04/26/2006

Electronic Signature of Signing Officer or Director — Date