2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000013303

1. Entity Name
CAMI CORP.

Principal Place of Business	Mailing Address
PO BOX 951292 LAKE MARY, FL 32795	P.O. BOX 951292 LAKE MARY, FL 32795

DO NOT WRITE IN THIS SPACE

02202007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3621576	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, MICHAEL
125 MILL RUN DR.
LAKE MARY, FL 32746

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	HOFFMAN, MICHAEL
STREET ADDRESS	125 MILL RUN DR
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	VP
NAME	HOFFMAN, CARYN
STREET ADDRESS	125 MILL RUN DR
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	S
NAME	HOFFMAN, MARC
STREET ADDRESS	721 RIDGEWOOD WAY
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/01/07-80056-015 150.00

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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 607, 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: _Caryn Hoffman – CARYN HOFFMAN_ 2/20/07 407-323-5323

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