2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005
Secretary of State

DOCUMENT# P02000109186

Entity Name: CAMP MEDS, INC.

Current Principal Place of Business:

P.O. BOX 267385
FT. LAUDERDALE, FL 333767385

New Principal Place of Business:

P.O. BOX 267037
FT. LAUDERDALE, FL 33326-70 37

Current Mailing Address:

P.O. BOX 840009
HOLLYWOOD, FL 33084

New Mailing Address:

P.O. BOX 267037
FT. LAUDERDALE, FL 33326-70 37

FEI Number: 43-1978438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRAGER, ROSS
1000 N HIATUS RD
PEMBROKE PINES, FL 33026 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GODEL, DANA
Address: PO BOX 267385
City-St-Zip: FORT LAUDERDALE, FL 333267385

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GODEL, DANA
Address: PO BOX 267037
City-St-Zip: FORT LAUDERDALE, FL 33326-70 37

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA GODEL P 04/07/2005

Electronic Signature of Signing Officer or Director Date