

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90213 014 ***150.00

DOCUMENT # P02000134634	
1. Entity Name CAMERA'S EYE, INC.	

Principal Place of Business 2045 S. BABCOCK MELBOURNE, FL 32901	Mailing Address 2045 S. BABCOCK MELBOURNE, FL 32901
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60032913



2. Principal Place of Business 2910 AURORA Rd.	3. Mailing Address 2910 AURORA Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202006 Chg-P CR2E034 (11/05)

City & State MELBOURNE, FL.	City & State MELBOURNE FL.
Zip 32935	Country USA
Zip 32935	Country USA

4. FEI Number 56-2307646	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PROFITT, MARVIN S 101 E. NEW HAVEN AVE. MELBOURNE, FL 32901	
7. Name and Address of New Registered Agent Name PROFITT, MARVIN Street Address (P.O. Box Number is Not Acceptable) 2910 AURORA Rd. City MELBOURNE FL Zip Code 32935	

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROFITT, MARVIN S 101 E. NEW HAVEN AVE. MELBOURNE, FL 32901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Marvin S. Proffitt* **4-24-06** **321-253-5453**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #