

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028209

**FILED**  
**Jul 16, 2005**  
**Secretary of State**

**Entity Name:** CAMELOT INSURANCE ASSOCIATES, INC.

**Current Principal Place of Business:**

141 SE 14TH AVE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

9090 ALT. A1A  
NORTH PALM BEACH, FL 33403

**Current Mailing Address:**

141 SE 14TH AVE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

POST OFFICE BOX 222461  
WEST PALM BEACH, FL 33422

FEI Number: 65-1183149

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CIRULLO, MICHAEL D  
4160 BROOK CIR W.  
WEST PALM BCH, FL 33435 US

**Name and Address of New Registered Agent:**

CIRULLO, MICHAEL D  
4160 BROOK CIR W.  
WEST PALM BCH, FL 33417 US

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: \_\_\_\_\_

07/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: CIRULLO, MICHAEL D  
Address: 4160 BROOK CIR. W  
City-St-Zip: WEST PALM BCH, FL 33417

Title: P ( ) Delete  
Name: MAIN, RICHELLE LEIGH  
Address: 141 SE 14TH AVENUE  
City-St-Zip: BOYNTON BCH, FL 33435

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: CIRULLO, MICHAEL D  
Address: 4160 BROOK CIR. W  
City-St-Zip: WEST PALM BCH, FL 33417

Title: SEC (X) Change ( ) Addition  
Name: CIRULLO, MICHAEL D  
Address: 4160 BROOK CIR. W.  
City-St-Zip: WEST PALM BEACH, FL 33417

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: MICHAEL D. CIRULLO

PRES

07/16/2005

Electronic Signature of Signing Officer or Director

Date