

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jul 20, 2005
Secretary of State**

DOCUMENT# P03000028209

Entity Name: CAMELOT INSURANCE ASSOCIATES, INC.

Current Principal Place of Business:

9090 ALT. A1A
NORTH PALM BEACH, FL 33403

New Principal Place of Business:

7570 S US HWY 1
SUITE 7
HYPOLUXO, FL 33462

Current Mailing Address:

POST OFFICE BOX 222461
WEST PALM BEACH, FL 33422

New Mailing Address:

7570 S US HWY 1
SUITE 7
HYPOLUXO, FL 33462

FEI Number: 65-1183149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAIN, RICHELLE L
7570 S US HWY 1
SUITE 7
HYPOLUXO, FL 33462 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: RICHELLE LEIGH MAIN

07/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MAIN, RICHELLE L
Address: 7570 S US HWY 1 / SUITE 7
City-St-Zip: HYPOLUXO, FL 33462

Title: VP (X) Change () Addition
Name: NOLEN, CHARLES C
Address: 7570 S US HWY 1 / SUITE 7
City-St-Zip: HYPOLUXO, FL 33462

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: RICHELLE LEIGH MAIN

PRES

07/20/2005

Electronic Signature of Signing Officer or Director

Date