

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059035

Entity Name: C.A.M.P. ENTERPRISES, INC.

FILED
Aug 05, 2005
Secretary of State

Current Principal Place of Business:

8401 SHADY GLEN DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8401 SHADY GLEN DRIVE
ORLANDO, FL 32819

New Mailing Address:

PO BOX 1081
WINDERMERE, FL 34786 US

FEI Number: 56-2360837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALIXTE, CLAIRE-MARIE
8401 SHADY GLEN DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

CALIXTE, CLAIRE-MARIE
PO BOX 1081
WINDERMERE, FL 34786 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:

08/05/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALIXTE, CLAIRE-MARIE
Address: 8401 SHADY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: CALIXTE, ALAIN
Address: 8401 SHADY GLEN DRIVE
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CALIXTE, CLAIRE-MARIE C
Address: PO BOX 1081
City-St-Zip: WINDERMERE, FL 34786 US

Title: D (X) Change () Addition
Name: CALIXTE, ALAIN M
Address: PO BOX 1081
City-St-Zip: WINDERMERE, FL 34786 US

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: CLAIRE-MARIE C CALIXTE

D

08/05/2005

Electronic Signature of Signing Officer or Director

Date