2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114811

Entity Name: CAMP ALL AMERI-KIDS, INC.

FILED Jan 07, 2004 Secretary of State

Littly Na	IIIE. CAIVIF A	LL AWERT-RIDS, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
	PLETON COU TON, FL 3342			
Current Mailing Address:			New Mailing Address:	
	PLETON COU TON, FL 3342			
FEI Number	: 01-0801134	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Addre	ess of New Registered Agent:
12901 MA BOCA RA The above	ANN, GEORGE PLETON COU TON, FL 3342 e named entity e of Florida.	RT 28	purpose of changing its regis	stered office or registered agent, or both,
SIGNATU	RE:			
		nic Signature of Registered Ag	gent	Date
Election Ca	mpaign Financin	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CEO (GLANZMANN, 12901 MAPLE BOCA RATON,	TON COURT	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	D (SILVESTRI, JA 277 SW. 159T SUNRISE, FL	H TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (DAVIDOFF, SO 7409 MICHIGA LAKEWORTH,	N ISLE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (CARTOTTO, G 5611 SW. 36T DAVIE, FL 33:	H COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	() Delete	Address: 12901	() Change (X) Addition ZMANN, LISA L MAPLETON CT. RATON, FL 33428

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: LISA L. GLANZMANN PRES 01/07/2004