

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90056 033 \*\*\*150.00

<b>DOCUMENT # P05000030242</b>		
1. Entity Name CAMEROTA DEVELOPMENT CORPORATION		

Principal Place of Business 2791 STRATFORD POINTE DR WEST MELBOURNE, FL 32904	Mailing Address 2791 STRATFORD POINTE DR WEST MELBOURNE, FL 32904
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2. Principal Place of Business - No P.O. Box # <b>300 Tunbridge Dr</b> Suite, Apt. #, etc.	3. Mailing Address <b>300 Tunbridge Dr</b> Suite, Apt. #, etc.
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City & State <b>Rockledge FL</b>	City & State <b>Rockledge FL</b>
Zip <b>32955</b>	Zip <b>32955</b>
Country <b>USA</b>	Country <b>USA</b>

40029442



03022007 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CAMEROTA, JOHN J 2791 STRATFORD POINTE DR WEST MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name <b>John Camerota</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 Tunbridge Dr</b> City <b>Rockledge</b> FL Zip <b>32955</b>	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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	P CAMEROTA, JOHN 2791 SHATFORD POINTE DR MELBOURNE, FL 32904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P John Camerota 300 Tunbridge Dr Rockledge FL 32955 <input checked="" 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
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
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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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

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **John Camerota** 3/2/07 321-453-3880 Daytime Phone #