

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062020

Entity Name: K G S ALL-STAR FANTASY CAMP, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

20851 RIVER FOREST DR.  
LAND O LAKES, FL 34639 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 517  
LAND O LAKES, FL 34639 US

## New Mailing Address:

FEI Number: 20-2741398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOUGHLIN, JOANNE S  
20851 RIVER FOREST DR.  
LAND O LAKES, FL 34639 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: FOSTER, GEORGE  
Address: 15 E. PUTNAM AVE. SUITE 320  
City-St-Zip: GREENWICH, CT 06831 US

Title: DVP ( ) Delete  
Name: LAWSON, VALERIE  
Address: 1102 PORTMOOR WAY  
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: DST ( ) Delete  
Name: LOUGHLIN, JOANNE S  
Address: 20851 RIVER FOREST DR.  
City-St-Zip: LAND O LAKES, FL 34639 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOANNE S. LOUGHLIN

SECT

04/27/2007

Electronic Signature of Signing Officer or Director

Date