## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000031273

Entity Name: CAM CAPITAL, INC.

Address:

City-St-Zip:

WEST PALM BEACH, FL 33412

**FILED** Apr 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 12668 77TH PLACE NORTH 12668 77TH PLACE NORTH WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 US **Current Mailing Address: New Mailing Address:** 12668 77TH PLACE NORTH 12668 77TH PLACE NORTH WEST PALM BEACH, FL 33412 WEST PALM BEACH, FL 33412 US FEI Number: 26-2333283 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMON, MICHAEL 12668 77TH PLACE NORTH WEST PALM BEACH, FL 33412 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition MANNS, CASEY Name: Name: 1103 BRIERCLIFF DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32806 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: MANNS, ALEXANDER Name: MANNS, ALEXANDER 441 DOVE LANE 306 HAILWOOD DRIVE Address: Address: SATELLITE BEACH, FL 32937 City-St-Zip: City-St-Zip: MELBOURNE, FL 32901 Title: Title: (X) Change ( ) Addition ( ) Delete ST SIMON, MICHAEL SIMON, MICHAEL D Name: Name: 12668 77TH PLACE NORTH 12668 77TH PLACE NORTH

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.

Address:

City-St-Zip:

WEST PALM BEACH, FL 33412

SIGNATURE: MICHAEL D. SIMON ST 04/20/2009