

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000050069

FILED
Apr 30, 2012
Secretary of State

Entity Name: MEDIKATION CAMP ENTERTAINMENT INC

Current Principal Place of Business:

1551 WALKER STREET SE
PALMBAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

1551 WALKER STREET SE
PALMBAY, FL 32909

New Mailing Address:

FEI Number: 27-1151860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHYTE, STAVAN
1551 WALKER STREET SE
PALMBAY, FL 32909 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

OFFICERS AND DIRECTORS:

Title: P
Name: WHYTE, STAVAN
Address: 1551 WALKER STREET SE
City-St-Zip: PALMBAY, FL 32909

Title: VP
Name: WHYTE, HASANEA
Address: 1551 WALKER STREET SE
City-St-Zip: PALMBAY, FL 32909

Title: PR
Name: PERRIN, SONYA
Address: 2980 N OAKLAND FOREST DR APT 107
City-St-Zip: OAKLAND PARK, FL 33309

Title: M
Name: GUNTER, KARLENE
Address: 1551 WALKER STREET SE
City-St-Zip: PALMBAY, FL 32905

Title: S
Name: WHYTE, SHANANE
Address: 1551 WALKER STREET SE
City-St-Zip: PALMBAY, FL 32909

Title: A
Name: WHYTE, NATHANIEL
Address: 1551 WALKER STREET SE
City-St-Zip: PALMBAY, FL 32909

I hereby 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 all other like empowered.

SIGNATURE: STAVAN WHYTE

P

04/30/2012

Electronic Signature of Signing Officer or Director

Date