2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2008 8:00 am Secretary of State

| DOCUMENT # P9200006620 1. Entity Name C.A.M. ACCOUNTING & PROPERTY SERVICES, INC. | | | | | | | | 04-17-2008 9 | _ | 46 ***15 | 0.00 |
|---|---|-----------------------|--|---|--|----------|--------------------------|------------------------|-------------|----------------------------|--|
| Principal Plac | ee of Business | Mailing A | \ddress | | - | | • • | | | | |
| 5635 S.W. 164 TERRACE 5635 S.W. 164 TERRACE SOUTHWEST RANCHES, FL 33331 SOUTHWEST RANCHES, FL | | | | E FL 333 | 331 | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 04022008 | Chg-P | CR2E0 | 34 (12/06) | | |
| City & State | | City & State | | | | | 4. FEI Number 65-0374 | | - | | oplied For |
| Zip | Country | Zip | | Count | гу | | | of Status Desired | | \$8.75 Add | ditional |
| | 6. Name and Address of Current | Registered A | Agent | ī | | | - | Address of New R | | Fee Require | ed * |
| | | , togiotoiou, | -8011 | | Name | | 1. Hume und 2 | Address of New Ye | cgistered / | -gc-it | |
| JHONSON, KAREN 5635 SW 164 TERRACE SOUTHWEST RANCHES, FL 33331 | | | | | Street Addre | ess (P | O. Box Number | r is Not Acceptable | _ · i) | | |
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| | | | | Ì | City | | | | FL | Zip Cod | le |
| 8. The above | named entity submits this statement for | or the purpose | e of changing its | registere | ed office or regi | istere | ed agent, or both | n, in the State of Flo | rida. Lam t | familiar with, | and accept |
| 1 | iona of registered agent. | | | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applical | LL DIOTE | | | | | | | | |
| | • • • | and the in applica | ble. (NOTE) | : Registered | l Agent signature req | quired w | when reinstating) | | DATE | | |
| FiL After M | E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550. | 9. | Election Campaiç Trust Fund Contri | gn Finan | cing _ | \$5.0 | DO May Be d to Fees | | DATE | | |
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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:

TOUR YHOUNT I
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08 957 4505410

Date Davine Phone #