2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2005
Secretary of State

DOCUMENT# P94000044930

Entity Name: KAMPSA, CORP.

Current Principal Place of Business:

5632 SW 2ND ST
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

5632 SW 2ND ST
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0508643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMPS, JUAN J
3390 FOXCROFT RD.
C-315
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

CAMPS, JUAN J
5632 SW 2 STREET
PLANTATION, FL 33317 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: _____ 04/24/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CAMPS, JUAN J
Address: 3390 FOXCROFT RD.
City-St-Zip: MIRAMAR, FL 33025

Title: D (X) Delete
Name: CAMPS, HECTOR
Address: 21447 NW 39TH AVE.
City-St-Zip: MIAMI, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CAMPS, JUAN J
Address: 5632 SW 2 STREET
City-St-Zip: PLANTATION, FL 33317

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JUAN J. CAMPS D 04/24/2005
Electronic Signature of Signing Officer or Director — Date