## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000028583

1. Entity Name CAM GORDON, INC.



FILED
May 03, 2007 08:00 A
Secretary of State

Principal Place of Susiness

11607 SPRINGRIDGE ROAD POTOMAC, MD 20854 Mailing Address

11607 SPRINGRIDGE ROAD POTOMAC, MD 20854



## DO NOT WRITE IN THIS SPACE

03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0658108

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD, SUITE 101 TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

TALLAHASSEE, FL 32301			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	_	
SIGNATURE_	Signature, typed or printed name of registered agent and title	I applicable. (NOTE: Registered Agent sign	ature required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000759355 05/24/07-80039-008 150.00		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT P GORDON, MICHAEL 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORDON, RENA P 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854		:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN '	IN THIS SPACE		
TITLE NAME STREET ADDRESS						

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 ke empowered.

SIGNATURE:

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

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4/27/07