
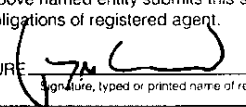
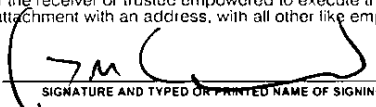


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90064 007 \*\*\*150.00

<b>DOCUMENT # P97000008750</b> 1. Entity Name <b>GRAY M. CAMFIELD, P.A.</b>					
Principal Place of Business <b>4951 BABCOCK ST NE SUITE #4 PALM BAY, FL 32905</b>			Mailing Address <b>4951 BABCOCK ST NE SUITE #4 PALM BAY, FL 32905</b>		
2. Principal Place of Business - No P.O. Box # <b>4740 Dairy Rd.,</b> Suite, Apt. #, etc.		3. Mailing Address <b>4740 Dairy Rd.,</b> Suite, Apt. #, etc.			
<b>Ste. 101</b> City & State <b>Melbourne, FL</b>		<b>Ste. 101</b> City & State <b>Melbourne, FL</b>		4. FEI Number <b>59-3421010</b>	
Zip <b>32904</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAMFIELD, GRAY M. 4951 BABCOCK ST NE SUITE #4 PALM BAY, FL 32905</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4740 Dairy Rd.,</b> <b>Ste. 101</b> City <b>Melbourne</b> <b>FL</b> Zip Code <b>32904</b>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  <b>GRAY M. CAMFIELD PRESIDENT</b> <b>1/25/07</b> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVTS CAMFIELD, GRAY M 4951 BABCOCK ST NE #4 PALM BAY, FL 32905</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>4740 Dairy Rd., Ste. 101 Melbourne, FL 32904</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date <b>(321) 953-6565</b>		