2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 04, 2007
Secretary of State

DOCUMENT# P97000057204

Entity Name: KAMEN INVESTMENTS OF SOUTHWEST FLORIDA INC.

Current Principal Place of Business:

1076 INDUSTRIAL BLVD.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

127 WILLOUGHBY DR
NAPLES, FL 34110

New Mailing Address:

PO BOX 888936
ATLANTA, GA 30356

FEI Number: 59-3460255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOURSE, KATHLEEN M
127 WILLOUGHBY DR
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

NOURSE, KATHLEEN M
1076 INDUSTRIAL BLVD.
NAPLES, FL 34104 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: 07/04/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NOURSE, KATHLEEN M
Address: 127 WILLOUGHBY DR
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: NOURSE, JOSEPH P
Address: 8075 SAN VISTA CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: NOURSE, MARK A
Address: 1055 ROYAL PALM DRIVE
City-St-Zip: NAPLES, FL 34013

Title: D ( ) Delete
Name: NOURSE, MICHAEL E JR
Address: 1361 26TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NOURSE, KATHLEEN M
Address: PO BOX 888936
City-St-Zip: ATLANTA, GA 30356

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHLEEN M. NOURSE P 07/04/2007
Electronic Signature of Signing Officer or Director Date