## 2007 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cam

## Mar 05, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P97000065696** 03-05-2007 90049 049 \*\*\*150.00 CAMBLES, CORP. Principal Place of Business Mailing Address 1247 S. VOLUSIA AVE 750 LAKE WINNEMESSETT DR ORANGE CITY, FL 32763 DELAND, FL 32724 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 750 LK WINNEMISSETT P.O.Box Şuite, Apt. #, etc. 01252007 Cha-P CR2E034 (12/06) DELAND DELAND Applied For 4. FEI Number 59-3463664 Not Applicable Country V S \$8.75 Additional 32721 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAM, LORNA P 750 LAKE WINNEMESSETT DR Street Address (P.O. Box Number is Not Acceptable) DELAND, FL 32724 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TID F PVD TITLE Change ☐ Addition ☐ Delete NAME CAM, LORNA P NAME 750 LAKE WINNEMESSETT DR STREET ADORESS STREET ADDRESS DELAND, FL 32724 CITY-ST-ZIP CITY-ST-ZIP ITLE STD ☐ Delete ☐ Change ☐ Addition ABELES, DAVID E NAME NAME STREET ADDRESS 750 LAKE WINNEMESSETT DR STREET ADDRESS DELAND, FL 32724 CITY-ST-2IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE Change Addition NAME ши STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TIME NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED