
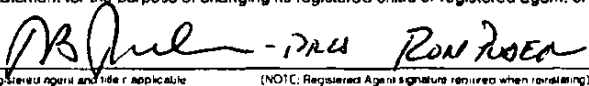
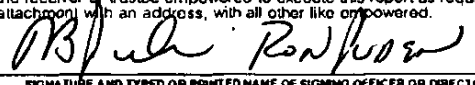


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-15-2007 90052 047 ***150.00

DOCUMENT # P97000081395 1. Entity Name CAMELOT BUILDERS, INC.																																																							
Principal Place of Business 8359 BEACON BLVD., #431 FORT MYERS FL 33907			Mailing Address 8359 BEACON BLVD., #431 FORT MYERS FL 33907																																																				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																					
City & State		City & State		4. FEI Number 65-0783104 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																			
6. Name and Address of Current Registered Agent PUDER, RONALD B 13600 CHERRY TREE COURT FORT MYERS FL 33912				7. Name and Address of New Registered Agent Name RONALD B. PUDE Street Address (P.O. Box Number is Not Acceptable) 8359 BEACON BLVD # 431 City FORT MYERS FL Zip Code 33907																																																			
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  - RONALD B. PUDE DATE 02/06/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small>																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">Delete</td> </tr> <tr> <td></td> <td>DPST</td> <td>PUDER, RONALD</td> <td>13600 CHERRY TREE COURT</td> <td></td> </tr> <tr> <td></td> <td></td> <td>FORT MYERS FL 33912</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: right;">Change Addition</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete		DPST	PUDER, RONALD	13600 CHERRY TREE COURT				FORT MYERS FL 33912			TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change Addition																														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 03/05/07 Daytime Phone # 239-425-2685																																																			