


**• 2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000042513 1. Entity Name CAM INVESTMENTS, INC.	
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Principal Place of Business 2110 NE 59TH COURT FORT LAUDERDALE, FL 33308	Mailing Address 2110 NE 59TH COURT FORT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0849325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JOANNE FANIZZA ESQ.
2700 E. OAKLAND PARK BLVD.
SUITE D
FORT LAUDERDALE, FL 33306

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CLUNE, HUBERT B 2110 NE 59TH COURT FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT METZGER, LYLE W 2110 NE 59TH COURT FORT LAUDERDALE, FL 33308
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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: Hubert Clune April 20, 07 954 267-0783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #