
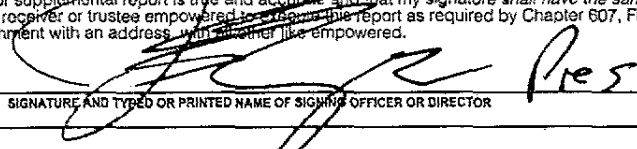


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000027176		
1. Entity Name CAMP COURT, INC.		
Principal Place of Business 111 S.E. 12 STREET FORT LAUDERDALE, FL 33316		Mailing Address 111 S.E. 12 STREET FORT LAUDERDALE, FL 33316
DO NOT WRITE IN THIS SPACE		
		01042007 No Chg-P CR2E034 (11/05)
4. FEI Number 65-0916096		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAMP, JAMES D III 111 S.E. 12 STREET FORT LAUDERDALE, FL 33316		DO NOT WRITE 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE _____</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	CAMP, JAMES D III	
STREET ADDRESS	111 S.E. 12 STREET	
CITY- ST- ZIP	FORT LAUDERDALE, FL 33316	
TITLE	D	
NAME	CAMP, JAMES D JR	
STREET ADDRESS	111 S.E. 12 STREET	
CITY- ST- ZIP	FORT LAUDERDALE, FL 33316	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
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 prepare 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 another title empowered.		
SIGNATURE:  Pres		Date 1-31-07 Daytime Phone # 954-554-8411