2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 08, 2006 8:00 am Secretary of State DOCUMENT # P99000100183 05-08-2006 90267 009 ***150.00 CAMP KEIAS LEASING, INC. Principal Place of Business Mailing Address 30000 P.O. BOX 770776 WINTER GARDEN FL 34777-0776 P.O. BOX 770776 WINTER GARDEN FL 34777-0776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 59-3608775 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RUBINO, NICHOLAS J ESQ. Street Address (P.O. Box Number is Not Acceptable) 159 LOOKOUT PLACE, STE. 101 MAITLAND FL 32751 Zip Code FI 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, typen or printed name of registered agent and little it applicable (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPST TITLE Change Addition TITLE ☐ Delete NAME FISCHER, EVERETTE NAME 75 2nd Street STREET ADDRESS STREET ADDRESS P.O. BOX 770776 City-ST-ZIP CITY-ST-7IP WINTER GARDON FL 34787 WINTER GARDEN FL 34777-0776 Change : Delete Addition TITLE TITLE NAME FISCHER, KENNETH NAME 80 2nd Street STREET ADDRESS P.O. BOX 770776 STREET ADDRESS WINTER GARDEN FL 34777-0776 CITY-ST-ZIP Winter GARden FL CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Defete [] Change ☐ Addition TITLE TIRE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME MAMA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZiP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attraction with an address with all other like empowered. SIGNATURE:

FILED

Daytime Phone #