
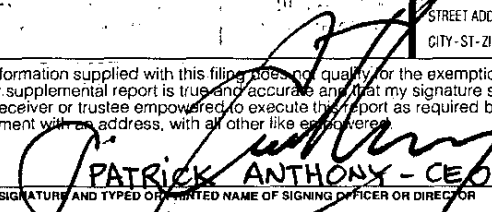


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90741 024 \*\*\*150.00

<b>DOCUMENT # J24728</b>					
1. Entity Name CAMDEN SECURITIES, INC.					
Principal Place of Business 3807 WILSHIRE BLVD. STE. 600 LOS ANGELES, CA 90010 US		Mailing Address 3807 WILSHIRE BLVD. STE. 600 LOS ANGELES, CA 90010 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2691496	
				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			7. Name and Address of New Registered Agent		
RYAN, ROBERT 12902 US HWY 301 SOUTH RIVERVIEW, FL 33569			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b></p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, PATRICK		NAME	ANTHONY, PATRICK	
STREET ADDRESS	3807 WILSHIRE BLVD., STE. 1220		STREET ADDRESS	3807 WILSHIRE BLVD., STE. 600	
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP	LOS ANGELES, CA 90010	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULLER, KAREN		NAME	BECK, KAREN	
STREET ADDRESS	3807 WILSHIRE BLVD., STE. 1220		STREET ADDRESS	3807 WILSHIRE BLVD, STE. 600	
CITY-ST-ZIP	LOS ANGELES, CA 90010		CITY-ST-ZIP	LOS ANGELES, CA 90010	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 entries hereon.					
SIGNATURE: 			4/28/04		213-616-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #