


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # J24728
 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
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05022005 No Chg-P CR2E034 (10/03)

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

RYAN, ROBERT
 12902 US HWY 301 SOUTH
 RIVERVIEW, FL 33569

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTHONY, PATRICK 3807 WILSHIRE BLVD STE 600 LOS ANGELES, CA 90010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FULLER, KAREN 3807 WILSHIRE BLVD STE 600 LOS ANGELES, CA 90010
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 05/06/05-80044-021 150.00

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 employees.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____