2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # 378918 May 01, 2006 08:00 AN Secretary of State 1. Entity Name CAMAJA, INC. Principal Place of Business Mailing Address 215 E PARK AVE 215 E PARK AVE LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 59-1386151 Not Applicat Ζφ Country 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 PARLIER, J CLYDE Street Address (P.O. Box Number is Not Acceptable) 215 E PARK AVE LAKE WALES FL 33853 City 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 access the obligations of registered agent. Signature, typed or printed name of registered agent and lifts if applicable (NOTE, Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May B 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 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change NAME PARLIER, J CLYDE NAME U00000558314 STREET ADDRESS STREET ADDRESS 215 E. PARK AVENUE 05/17/06-80117-004 150.80 CITY-ST-ZIP City-St-Z@ LAKE WALES FL Delete ☐ Activi ☐ Change PARLIER, MARK S STREET ADDRESS 215 E PARK AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE WALES FL 33853 ☐ Delete סו PARLIER, JAMES C. JR. STREET ADDRESS RT. 6, BOX 295 STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP BURNSVILLE NC TITLE ☐ Defete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-79 CITY-ST-ZIP ☐ Delete ☐ Change Adolin NAME STREET ADDRESS STREET ADDRESS

Roxed 1-24-04

(863) 676-6517 J. Clyde Parlier, President - 04/21/06 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytimo Phone ₹

with all other like empowered

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

CITY-ST-792