2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# F97000005926

Entity Name: CAMILLE, INC.

Current Principal Place of Business:

309 PETRONIA STREET
SUITE 2
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1101 FLAGLER AVE
KEY WEST, FL 33040

New Mailing Address:

P.O. BOX 2129
KEY WEST, FL 33045

FEI Number: 41-1546835 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BLATZ, CAMILLE
1101 FLAGLER AVE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

BLATZ, CAMILLE M PRES.
P.O. BOX 2129
KEY WEST, FL 33045 US

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.

SIGNATURE: CAMILLE BLATZ, (RA) UNCHANGED 02/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PC ( ) Delete
Name: BLATZ, CAMILLE
Address: 1101 FLAGLER AVENUE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change ( ) Addition
Name: BLATZ, CAMILLE
Address: P.O.BOX 2129
City-St-Zip: KEY WEST, FL 33045

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLE BLATZ PRES 02/23/2004
Electronic Signature of Signing Officer or Director Date