

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000030352

1. Entity Name
BLUE CAMELIA, INC.



Principal Place of Business
1934 COMMERCE LN., STE. 2
JUPITER, FL 33458

Mailing Address
1934 COMMERCE LN., STE. 2
JUPITER, FL 33458



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1087840

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SELDIN, KEITH A
1934 COMMERCE LN., STE. 2
JUPITER, FL 33458

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	BARY, CHRISTIAN
STREET ADDRESS	61 AVENUE CARDINAL DE RETZ
CITY-ST-ZIP	MAISONS LAFFITTE, FRANCE, 78600
TITLE	DVPS
NAME	THABUS, MARIE-CLAUDE
STREET ADDRESS	6 AVENUE CARDINAL DE RETZ
CITY-ST-ZIP	MAISONS LAFFITTE, FRANCE, 78600
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/08/06-80040-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. BARY DPT

January 24th 2006

Date

Daytime Phone #