2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # P00000116049 1. Entity Name CANCILLA ENTERPRISES, INC.					04-30-2007 90411 023 ***150.00	
Principal Place of Business -4998 VENTURA COURT NAPLES, FL 34109		Mailing Address -4998 VENTURA COURT NAPLES, FL 34109				
2. Principal Place of Business - No P.Q. Box # 3.1 Ca Stellan D		3. Mailing Address (S'Ame)		ma)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	04202007 Chg-P CR2E034 (12/06)	
City & State		City & State			4. FEI Number Applied For 59-3691992 Not Applica	-
Zip 296	SO GREENUILLE	Zip	Count	try	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent						
i				Name /	arol Leibeau	
CANCILLA, JAN 4998 VENTURA COURT				Street Addres		
NAPLES, FL 34109				4	s (P.O. Box Number is Not Acceptable) 957 (as K ((> 1) 2	\dashv
,				City N	aples FL 34103	_
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 January Canalla 4/27/07						
	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered	d Agent signature requ	ured when reinsysting) */ DATE	_
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Con			55.00 May Be ddddd to Fees	
10.	OFFICERS AND		11.	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\Box
TITLE NAME	P CANCILLA, JAN	☐ Delete	TITLE	- I '	Jan Cancilla □Change □ Addin	ilon
STREET ADDRESS	4998 VENTURA COURT			ET ADDRESS 4	231 Castellan Dr	
CITY-ST-ZIP	NAPLES, FL 34109		CITY	-ST-ZIP (Green, SC 29650	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	tion
NAME STREET ADDRESS			NAM	E Et address		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	tion
NAME			NAMI			ı
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - ST - ZIP		ļ
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NAME		L_1 Delete	NAMI	1	C. Orlango C. Addin	.IOII
STREET ADDRESS			STRE	ET ADDRESS		
CITY-ST-ZIP			CHTY	-ST-ZIP		
TITLE		Delete	TITLE		☐ Change ☐ Addi	tion
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CITY-ST-ZIP				-S1-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addi	tion
NAME			NAM	I		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		Al-L- (I)		-ST-ZIP	Charles (10 Florido Crestatos 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	_
12. Thereby of indicated	certify that the information supplied with	i true and accurate and that	eanie var	empuoris contair	ned in Chapter 119, Florida Statutes. I further certify that the information see same legal effect as if made under path; that I am an officer or direct	1

n is rue and accurate and manny signature shall have the same legal effect as it made under dath; that I am an officer or director powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if sawith all other like empowered. of the corporation or the receiver or trustee en changed, or on an attachment with an address

SIGNATURE AND TYPE