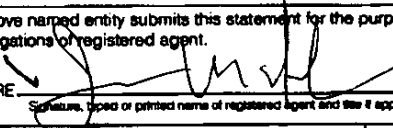
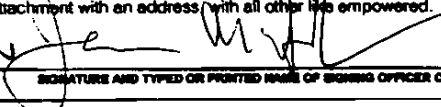


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90229 045 ***150.00

DOCUMENT # P02000087014 1. Entity Name CAMERICA INDUSTRIES, INC.					
Principal Place of Business 531 GREENBRIER AVE CELEBRATION, FL 34747			Mailing Address %WHITE ACCOUNTING & TAX SPECIALIST INC. 65 AUTUMNVALE DR. PO 71 LOCKPORT, NY 14095		
2. Principal Place of Business - No P.O. Box # 510 GOLF PARK DRIVE		3. Mailing Address Suite, Apt. #, etc.			
City & State CELEBRATION, FL		City & State			
Zip 34747		Country		Zip Country	
4. FEI Number 02-0639556				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATOSKA, JAMES 531 GREENBRIER AVE CELEBRATION, FL 34747			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 510 GOLF PARK DRIVE City FL 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 accept the obligations of registered agent. SIGNATURE:  DATE: 4/22/07 (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATOSKA, JAMES 531 GREEN BRIER AVE CELEBRATION, FL 34747 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MATOSKA, JAMES 510 GOLF PARK DRIVE CELEBRATION, FL 34747 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 info empowered.					
SIGNATURE: 			Date: 4/22/07 Cayman Phone #: 401-566-0116		