2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P03000089637

Entity Name: CAMOUFLAGE ELECTRIC, INC.

Current Principal Place of Business:

P.O. BOX 788
OCALA, FL 34478

New Principal Place of Business:

PO BOX 788
OCALA, FL 344780788

Current Mailing Address:

P.O. BOX 788
OCALA, FL 34478

New Mailing Address:

PO BOX 788
OCALA, FL 344780788

FEI Number: 57-1181826 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIRTH, DANIEL W
3920 SW 6 AVE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: BIRTH, DANIEL W
Address: 3920 SW 6 AVE
City-St-Zip: OCALA, FL 34474

Title: DV ( ) Delete
Name: BIRTH, JULIE A
Address: 3920 SW 6 AVE
City-St-Zip: OCALA, FL 34474

Title: V ( ) Delete
Name: BIRTH, DAVID A
Address: 2042 SW GAILWOOD ST
City-St-Zip: PORT ST LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: BIRTH, JULIE A
Address: 3920 SW 6 AVE
City-St-Zip: OCALA, FL 34474

Title: VP (X) Change ( ) Addition
Name: BIRTH, DAVID A
Address: 2042 SW GAILWOOD ST
City-St-Zip: PORT ST LUCIE, FL 34987

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: DANIEL W BIRTH DPS 04/29/2005
Electronic Signature of Signing Officer or Director Date