



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90036 032 ***150.00

DOCUMENT # P03000093425					
1. Entity Name DIGITAL CAMERA DEPOT, INC.					
Principal Place of Business 2580 SAGE DR. KISSIMMEE, FL 34758			Mailing Address 2580 SAGE DR. KISSIMMEE, FL 34758		
2. Principal Place of Business <u>7551 W. IRLO BRANSON HWY</u> Suite, Apt. #, etc. <u>HULL</u> City & State <u>Kissimmee Florida</u>		3. Mailing Address <u>7551 W. IRLO BRANSON HWY</u> Suite, Apt. #, etc. <u>HULL</u> City & State <u>Kissimmee, Florida</u>			
Zip <u>34747</u> Country <u>OSCEOLA</u>		Zip <u>34747</u> Country <u>OSCEOLA</u>		01182006 Chg-P CR2E034 (11/05) 4. FEI Number <u>47-0928002</u> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent VILLANUEVA, WALTER 2580 SAGE DR. KISSIMMEE, FL 34758			7. Name and Address of New Registered Agent Name <u>WALTER VILLANUEVA</u> Street Address (P.O. Box Number is Not Acceptable) <u>7551 W. IRLO BRANSON HWY</u> City <u>Kissimmee</u> FL Zip Code <u>34747</u>		
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 <u>X [Signature]</u> DATE <u>1/18/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD VILLANUEVA, WALTER 2580 SAGE DR. KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHAVEZ, JAVIER 113 PAPRIKA PL. KISSIMMEE, FL 34758 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>X [Signature]</u>			1/18/06 407-397-7735 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		