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Secretary of State

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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000035106

1. Entity Name
CAMCITA BRANDS, INC.

Principal Place of Business	Mailing Address
1707 NW 91 AVE PLANTATION, FL 33322	1707 NW 91 AVE PLANTATION, FL 33322

DO NOT WRITE IN THIS SPACE

4. FEI Number
84-1639255
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CUMMINS, JEFFREY DREW~~
~~9555 N KENDALL DR STE 203~~
~~MIAMI, FL 33176~~
NORMAN WELCH
1707 NW 91 Ave
PLANTATION FL 33322

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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 _____ 7/13/06
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	PETRONI WELCH, CARMEN
STREET ADDRESS	1707 NW 91 AVE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	DV
NAME	WELCH, NORMAN ARTHUR
STREET ADDRESS	1707 NW 91 AVE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: _____ 7/13/06 305 8826716
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #