

FILED  
Sep 06, 2006 8:00 am  
Secretary of State

09-06-2006 90036 048 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                 |                                                                                   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000035106</b><br>1. Entity Name<br><b>CAMCITA BRANDS, INC.</b> |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>1707 NW 91 AVE<br/>PLANTATION, FL 33322</b> | Mailing Address<br><b>1707 NW 91 AVE<br/>PLANTATION, FL 33322</b> |
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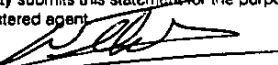
07082006 No Chg-P CR2E034 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>84-1639255</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|                                                                      |                                          |
|----------------------------------------------------------------------|------------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |
|----------------------------------------------------------------------|------------------------------------------|

|                                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><del>CUMMINS, JEFFREY BREW<br/>9555 N KENDALL DR STE 202<br/>MIAMI, FL 33176</del><br><b>NORMAN WELCH<br/>1707 NW 91 Ave<br/>PLANTATION FL 33322</b> |
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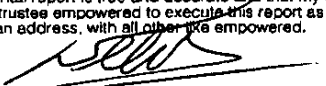
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE: <br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | <b>7/13/06</b><br>DATE |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|

|                                                                 |                                                                                                                           |                                                                                                 |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice. |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                |                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b>              |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>PETRONI WELCH, CARMEN<br>1707 NW 91 AVE<br>PLANTATION, FL 33322 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>WELCH, NORMAN ARTHUR<br>1707 NW 91 AVE<br>PLANTATION, FL 33322    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>7/13/06</b><br>Date | <b>305 8826716</b><br>Daytime Phone # |