2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2008 08:00 AN Secretary of State DOCUMENT # P04000035106 CAMCITA BRANDS, INC. Principal Place of Business Mailing Address 1707 NW 91 AVE 1707 NW 91 AVE PLANTATION, FL 33322 PLANTATION, FL 33322 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1639255 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WELCH, NORMAN DO NOT WRITE 1707 NW 91ST AVE PLANTATION, FL 33322 IN THIS SPACE 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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE NAME PETRONI WELCH, CARMEN U00000932319 05/22/08-80050-005 158.75 STREET ADDRESS 1707 NW 91 AVE City-St-7IP PLANTATION, FL 33322 TITLE WELCH, NORMAN ARTHUR NAME STREET ADDRESS 1707 NW 91 AVE CITY-ST-ZIP PLANTATION, FL 33322 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

12. Thereby 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:

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

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/28 786 236 9153

FILED