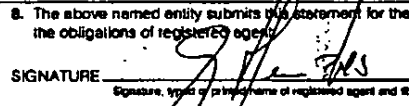
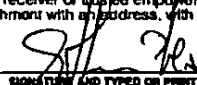


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 17, 2005 8:00 am
Secretary of State

04-12-2005 90146 032 ***150.00

DOCUMENT # P04000059739			
1. Entity Name CAMILLA CORP.			
Principal Place of Business 235 S. MAITLAND AVENUE SUITE 111 MAITLAND, FL 32794		Mailing Address 235 S. MAITLAND AVENUE SUITE 111 MAITLAND, FL 32794	
2. Principal Place of Business		3. Mailing Address P.O. Box 941569	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MAITLAND FL	
Zip	Country	Zip 32794	Country
		4. FEI Number 84-1679063	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDRISZYN, KATHRYN 235 S. MAITLAND AVENUE SUITE-111 MAITLAND, FL 32794		7. Name and Address of New Registered Agent Name ELZA MENDES Street Address (P.O. Box Number is Not Acceptable) 235 S. MAITLAND AV SUITE 111 City MAITLAND FL Zip Code 32750	
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  Signature, typed or printed name of registered agent and title if applicable.		ELZA MENDES DATE 3/28/2005 (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PINES DUFOUR 235 S MAITLAND AV #111 MAITLAND FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ELZA MENDES DATE 3/28/2005 ID# 657-1311 Day Century Page #	