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	Mailing Address
235 S. MAITLAND AVENUE SUITE 111 MAITLAND, FL 32794	~~235 S. MAITLAND AVENUE SUITE 111 MAITLAND, FL 32794~~

0001?431

01232005 Chg-P CR2E034 (10/03)

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

~~ANDRNISZYN, 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] ELZA MENDES 3/28/2005
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
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	P INES DUFOUR 235 S MAITLAND AV #111 MAITLAND FL 32750	☐ 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)(i), 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] ELZA MENDES 3/28/2005 407-657-1311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #