2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000115960

Entity Name: CAMELLIA INTERIOR DESIGNS, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

880 GARNET CIRCLE 17132 DOWNS DRIVE WESTON, FL 33326 US ODESSA, FL 33556 US

Current Mailing Address: New Mailing Address:

880 GARNET CIRCLE 17132 DOWNS DRIVE WESTON, FL 33326 US ODESSA, FL 3356 US

FEI Number: 20-1840106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MERCADO, CINDY A
880 GARNET CIRCLE
WESTON, FL 33326 US
MERCADO, CINDY A
17132 DOWNS DRIVE
ODESSA, FL 3356 US

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.

SIGNATURE: CINDY A MERCADO 04/25/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition
Name: FLORES, ERNESTINA Name: MERCADO, CINDY A
Address: 880 GARNET CIRCLE Address: 17132 DOWNS DRIVE

 Address:
 880 GARNET CIRCLE
 Address:
 17132 DOWNS DRIVE

 City-St-Zip:
 WESTON, FL 33326 US
 City-St-Zip:
 ODESSA, FL 33556 US

Title: MGR () Delete Title: MGR (X) Change () Addition
Name: MERCADO CINDY A Name: FLORES ERNESTINA A

 Name:
 MERCADO, CINDY A
 Name:
 FLORES, ERNESTINA A

 Address:
 880 GARNET CIRCLE
 Address:
 16116 LYTHAM DRIVE

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 ODESSA, FL 33556

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: DENNIS, MAIA L Name: DENNIS, MAIA L

Address: 2841 47TH ST Address: 19180 NW 24TH PLACE
City-St-Zip: NAPLES, FL 34116 City-St-Zip: NAPLES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY A MERCADO PS 04/25/2006