2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 13, 2006 8:00 am
Secretary of State

03-29-2006 90114 041 ***150.00

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03202006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000022297

1. Entity Name
CAMCARLE INVESTMENTS, INC.

Principal Place of Business	Mailing Address
235 S MAITLAND AVE STE 111 MAITLAND, FL 32794	235 S MAITLAND AVE STE 111 MAITLAND, FL 32794

2. Principal Place of Business	3. Mailing Address
7226 W. Colonial DR	P.O. BOX 941569
Suite, Apt. #, etc. # 373	Suite, Apt. #, etc.
City & State ORLANDO FL	City & State MAITLAND FL
Zip 32818 Country USA	Zip 32794 Country USA

4. FEI Number 33-1117389 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIERA, ELZA MENDES 235 S MAITLAND AVE STE 111 MAITLAND, FL 32794	Name VIERA, ELZA MENDES Street Address (P.O. Box Number is Not Acceptable) 7226 W Colonial DR #323 City ORLANDO FL Zip Code 32818

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. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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	PRESIDENT ALAIN, PAPON 7226 W. Colonial DR #373 ORLANDO FL 32818 ☐ 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 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: A Papon 3/27/06 407-532-7216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #