2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2005 8:00 am Secretary of State

1. Entity Nam CAMBRII	ne	# P9400085			04-15-2005 9	90084 04	45 ***158	3.75		
Principal Plac	ce of Busines:	s	Mailing Address							
2221 LEE RI	OAD				į					
SUITE 28 SUITE #28 WINTER PARK, FL 32789 US WINTER PARK, FL 32789 US										
MINICKIAK	N, IL 3210		O LOUIS OLDEN COMM DENN DEL	A BRIÐI IÐTU I						
2. Principal Place of Business 3. Mailing Address										
650 S. Northlake Blue 650 S. Northlake Blue)	= 16ft) 61911 69111 69111 391		HH HA HH 181	MBB 11 14 17
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 450 Suite 450						04042005	Chg-P	CR2EC	34 (10/03)	
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Zip	NOME	Country	Zip	Country	116211-	1			\$8.75 Add	
3370	SI	,	33701	,		5. Certificate	of Status Desired	嵙	Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
				Name						
LECCESE, JACQUELINE C 2 221 LEE ROAD SUITE 28					Street Address (P.O. Box Number is Not Acceptable)					
					(Carott Matrices (1 . C. Cox Hatti Matrices (2					
WINTER PARK, FL. 32789					50 S.	Darth	oka Alux	\ S.	cito 4	50
· · · · · · · · · · · · · · · · · · ·					GSO S. Northlake Blud, Suite 450					
The above named entity submits this statement for the purpose of changing its registere					Altamonte Socios FL 32701					
	tions of regist		the purpose of changing its	registerea	onice or registe	erea agent, or bo	m, in the State of Fic	onda. I am	tamiliar with,	and accept
· · · · · · · · · · · · · · · · · · ·										
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Orgination, types	or princes marine or registered agent as	(NOTE	L. Neglateled A	Agus Signature (actoris	en enen tenzreniñ)		DATE		
						5.00 May Be ded to Fees				
10.			VIDEOTODO	4.4		ADDITIONS	CHANGES TO OFF	CERS AND	DIRECTOR	S IN 11
10.	·	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	LECCESE 2221 LEE	, JACQUELINE C	☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS 654	5.S.Ner4	thlake Bl Springs	.v&, s	© Change Sucite 4 3370	Addition
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same tegal 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:

STATUTE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05 Dale 407-645-5575* Daybrile Phone #