2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with ar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

SIGNATURE:

Feb 26, 2007 8:00 am Secretary of State 02-26-2007 90049 035 ***150.00 DOCUMENT # P94000088219 CAMBRIA, INC. 40023440 Principal Place of Business Mailing Address 185 S. HIGHLANDS STREET 185 S. HIGHLANDS STREET MOUNT DORA, FL 32757 MOUNT DORA, FL 32757 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-3283168 Not Applicable Zip. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANNIS, RICHARD 1575 LAKESHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) MOUNT DORA, FL 32757 City Zip Code 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TOTALE Change Addition ANNIS, RICHARD NAME STREET ADDRESS 1575 LAKESHORE DRIVE STREET ADDRESS CITY-ST-ZIP MOUNT DORA, FL 32757 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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