

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060519

FILED
Apr 15, 2007
Secretary of State

Entity Name: C A M - S I L PROPERTIES, INC.

Current Principal Place of Business:

1562 CROWBERRY LANE
SEBASTIAN, FL 32958 US

New Principal Place of Business:

5200 SW ORCHID BAY DRIVE
PALM CITY, FL 34990 US

Current Mailing Address:

1562 CROWBERRY LANE
SEBASTIAN, FL 32958 US

New Mailing Address:

5200 SW ORCHID BAY DRIVE
PALM CITY, FL 34990 US

FEI Number: 65-0766690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZILLI, SILVESTER
1562 CROWBERRY LANE
SEBASTIAN, FL 32958 US

Name and Address of New Registered Agent:

MAZZILLI, SILVESTER
5200 SW ORCHID BAY DRIVE
PALM CITY, FL 34990 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:

04/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAZZILLI, CAMILLE
Address: 131 ALICIA DRIVE
City-St-Zip: NORTH BABYLON, NY 11703

Title: D () Delete
Name: MAZZILLI, FRANK
Address: 3 ANTHONY LANE
City-St-Zip: NORTH BABYLON, NY 11703

Title: D () Delete
Name: MALZONE, CATHERINE
Address: 180 OCEAN AVE
City-St-Zip: MASSAPEQUA, NY 11758

Title: D () Delete
Name: MAZZILLI, SILVESTER
Address: 131 ALICIA DRIVE
City-St-Zip: NORTH BABYLON, NY 11703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAMILLE MAZZILLI

PRES

04/15/2007

Electronic Signature of Signing Officer or Director

Date