

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90001 036 \*\*\*158.75

**DOCUMENT # P98000014406**

1. Entity Name  
**CAMVEST CONSULTING SERVICES, INC.**



Principal Place of Business      Mailing Address  
**11800 28TH ST. N.**      **11800 28TH ST. N.**  
**SAINT PETERSBURG, FL 33716 US**      **SAINT PETERSBURG, FL 33716 US**

2. Principal Place of Business      3. Mailing Address  
*1562 Stormway Court*      *1562 Stormway Court*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*APOPKA FL.*      *APOPKA, FL.*  
 Zip      Country      Zip      Country  
*32712*      *USA*      *32712*      *USA*



03162006      Chg-P      CR2E034 (11/05)

6. Name and Address of Current Registered Agent  
**CAMILLO, JOSEPH**  
**11800 28TH ST. N.**  
**SAINT PETERSBURG, FL 33716**

4. FEI Number      Applied For  
**59-3666742**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 Name      *Joseph Camillo*  
 Street Address (P.O. Box Number is Not Acceptable)  
*1361 Corlew Rd.*  
 City      State      Zip Code  
*DUNEDIN*      **FL**      *34698*

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: *Joseph Camillo / Joseph Camillo*      DATE: *4/5/06*

**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**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMILLO, JOSEPH	
STREET ADDRESS	11800 28TH ST. N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>NO. JOSEPH CAMILLO</i>	
STREET ADDRESS	<i>1562 STORMWAY COURT</i>	
CITY-ST-ZIP	<i>APOPKA, FL. 32712</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Camillo / Joseph Camillo / President*      DATE: *4/5/06*      DAYTIME PHONE #: *727-733-1965*