


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # P98000014406</b>		
1. Entity Name <b>CAMVEST CONSULTING SERVICES, INC.</b>		

Principal Place of Business <b>11800 28TH ST. N. SAINT PETERSBURG, FL 33716 US</b>	Mailing Address <b>11800 28TH ST. N. SAINT PETERSBURG, FL 33716 US</b>
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2. Principal Place of Business <b>1562 STORMWAY COURT</b>	3. Mailing Address <b>1562 STORMWAY COURT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>APOPKA FL.</b>	City & State <b>APOPKA, FL.</b>
Zip <b>32712</b>	Zip <b>32712</b>
Country <b>USA</b>	Country <b>USA</b>

03162006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3666742</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CAMILLO, JOSEPH 11800 28TH ST. N. SAINT PETERSBURG, FL 33716</b>	
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7. Name and Address of New Registered Agent Name <b>Joseph Camillo</b> Street Address (P.O. Box Number is Not Acceptable) <b>1361 CORLEW RD.</b> City <b>DUNEDIN</b> FL Zip Code <b>33698</b>	
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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 <b>Joseph Camillo / Joseph Camillo</b> DATE <b>4/5/06</b> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete <b>CAMILLO, JOSEPH 11800 28TH ST. N. SAINT PETERSBURG, FL 33716</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PD. JOSEPH CAMILLO 1562 STORMWAY COURT APOPKA, FL. 32712</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 any other like empowered.	
SIGNATURE: <b>Joseph Camillo</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Joseph Camillo / President</b> DATE <b>4/5/06</b> DAYTIME PHONE # <b>727-733-1965</b>