## 2006 FOR PROFIT CORPORATION

## Jan 27, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P99000084207** 01-27-2006 90025 018 \*\*\*150.00 CAMELLIA PROPERTIES, INC. 60007009 Principal Place of Business Mailing Address P O BOX 25 <del>3728 STH AVE N</del>E BRADENTON, FL 34208. LONGBOAT KEY, FL 34228 2. Principal Place of Business 1815 Fand St 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01242006 CR2E034 (11/05) Chg-P City & State 4 FEI Number City & State Applied For 65-0918399 Not Applicable Country Country Zip \$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 BISHOP, GERALD Street Address (P.O. Box Number is Not Acceptable) 2831 RINGLING BLVD #218F SARASOTA, FL 34237 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Delete TITLE TITLE ☐ Addition TALLEY, DANIEL C NAME NAME 1815 Fand St.N.W. <del>0728 STHAVE N</del>E 1815 72nd St. N.W STREET ADDRESS STREET ADDRESS BRADENTON, FL 34208 34209 CITY-ST-ZIP Bradenton, Fr 34209 CITY-ST-ZIP Delete TITLE ☑ Change ■ Addition TITLE 1815 Fand St.N.W. TALLEY, PATTI L NAME STREET ADDRESS 3728-STH-AWP-NP STREET ADDRESS Bradenton, Fr 34209 BRADENTON, FL -34208-CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change M Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MΕ ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME

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 attachme at with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

*1-24-06 9417-*788*0*00

FILED