-2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2006 08:00 AN **DOCUMENT # P02000039915 Secretary of State** CAMARRA'S ASPHALT CONSTRUCTION, INC. Principal Place of Business Mailing Address 1241 SW 34 AVE 1241 SW 34 AVE DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 01252006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0582619 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CAMARRA, PENNY J DO NOT WRITE 491 NW 45 AVE DEERFIELD, FL 33442 IN THIS SPACE 3. 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. Signalure, typed or printed name of registered agent and Life if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PΩ TITLE MALIE CAMARRA, PENNY JO STREET ADDRESS 491 NW 45 AVE. CITY-ST 7IP DEERFIELD BEACH, FL 33442 11**0**00000408784 02/08/06-80072-015 150.00 BULE NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 flostee 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:

CITY ST ZIP

IGNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

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