


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 8:00 am
Secretary of State

08-09-2006 90012 003 ***550.00

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|--|--|---|--|---|--|
| DOCUMENT # P05000160172 1. Entity Name CAMINO DEVELOPMENTS, INC. | | | |  | |
| Principal Place of Business 9000 GLENLAKES BOULEVARD BROOKSVILLE, FL 34613 | | | Mailing Address 9000 GLENLAKES BOULEVARD BROOKSVILLE, FL 34613 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 30 FLORAL PARKWAY Suite, Apt. #, etc. | | | |
| City & State | | City & State CONCORD, ONTARIO | | 4. FEI Number 203907219 | |
| Zip | | Country CANADA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent O'LEARY, D MICHAEL 101 E KENNEDY BOULEVARD SUITE 2700 TAMPA, FL 33602 | | | 7. Name and Address of New Registered Agent --Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEGASPERIS, ALFREDO 30 FLORAL PARKWAY CONCORD CONCORD ONTARIO CANADA, <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEGASPERIS, JIM V 30 FLORAL PARKWAY CONCORD CONCORD ONTARIO CANADA, <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEGASPERIS, ANTONIO 30 FLORAL PARKWAY CONCORD CONCORD ONTARIO CANADA, <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  ALFREDO DEGASPERIS JULY 19/06 905-669-5400 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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