


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**


04-24-2006 90358 012 \*\*\*150.00

<b>DOCUMENT # 375036</b>	
1. Entity Name <b>CAMINO REALTY CORPORATION</b>	

Principal Place of Business <b>398 CAMINO GARDENS BLVD. SUITE 108 BOCA RATON, FL 33432 US</b>	Mailing Address <b>951 SW 4TH AVE BOCA RATON, FL 33432 US</b>
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2. Principal Place of Business <b>233 S FEDERAL HWY 104</b>	3. Mailing Address Suite, Apt. #, etc.
City & State <b>BOCA RATON FL</b>	City & State
Zip <b>33432</b>	Country

**60029565**

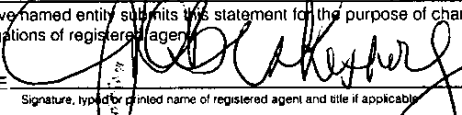


04192006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1350098</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BAUR, EUGENE 398 CAMINO GARDENS BLVD, SUITE 108 BOCA RATON, FL 33432</b>	7. Name and Address of New Registered Agent Name <b>JON D BLAKESBERG</b> Street Address (P.O. Box Number is Not Acceptable) <b>951 SW4TH AVE</b> City <b>BOCA RATON FL</b> Zip Code <b>33432</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  DATE **4/19/06**

(NOTE: Registered Agent signature required when reinstating)

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUR, EUGENE 398 CAMINO GDS BLVD #108 BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>233 S FEDERAL HWY #104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAUR, JEANNE 398 CAMINO GDNS BLVD #108 BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>233 S FEDERAL HWY #104</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE:  **EUGENE BAUR** **PRESIDENT** Date **4-19-06** Daytime Phone # **750 8300**