2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2006 08:00 AM Secretary of State **DOCUMENT #272909** CAMERON BROS. PLUMBING CO., INC. Principal Place of Business Mailing Address P.O. BOX 500929 650 HALL ROAD MALABAR, FL 32950 US MALABAR, FL 32950-0929 US CR2E034 (11/05) 01102006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1028549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMERON, RICHARD E JR DO NOT WRITE 650 HALL RD. MALABAR, FL 32950 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstitting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE PDST CAMERON, RICHARD E JR NAME STREET ADDRESS 650 HALL ROAD //00000383748 01/13/06-80009-022 150.00 CITY-ST-ZIP MALABAR, FL 32950 TITLE CAMERON, RICHARD E NAME STREET ADDRESS 650 HALL ROAD CITY-ST-ZIP MALABAR, FL 32950 ŢΠŒ NAME STREET ADORESS DO NOT WRITE COY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TERE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: 7

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

321-723-2946

Daylime Phone #

FILED