2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT #272909** 01-16-2007 90258 015 ***158.75 CAMERON BROS. PLUMBING CO., INC. Mailing Address Principal Place of Business 50000062 P.O. BOX 500929 650 HALL ROAD MALABAR, FL 32950-0929 US MALABAR, FL 32950 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 1525 Foundation Park Blyd SE Suite, Apt. #, etc. CR2E034 (12/06) 01082007 Cha-P Applied For City & State 4. FEI Number City & State 59-1028549 Not Applicable alm Bav \$8.75 Additional Country Country 5. Certificate of Status Desired 囡 Fee Required 32909 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMERON, RICHARD E JR Street Address (P.O. Box Number is Not Acceptable) 650 HALL RD. MALABAR, FL 32950 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change TITLE PDST Delete TITLE NAME CAMERON, RICHARD E JR NAME STREET ADDRESS 650 HALL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALABAR, FL 32950 Addition ☐ Change ☐ Delete TITLE TITLE CAMERON, RICHARD E NAME NAME STREET ADDRESS 650 HALL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MALABAR, FL 32950 ☐ Addition ☐ Change Delete TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 withyan address, with all other like empowered.

FILED Jan 16, 2007 8:00 am