2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90358 012 ***150.00

DOCUMENT # 375036

1. Entity Name
CAMINO REALTY CORPORATION

60029565

Principal Place of Business	Mailing Address
~~398 CAMINO GARDENS BLVD.~~ ~~SUITE 108~~ ~~BOCA RATON, FL 33432 US~~	951 SW 4TH AVE BOCA RATON, FL 33432 US

04192006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
233 S FEDERAL HWY			
Suite, Apt. #, etc. 104		Suite, Apt. #, etc.	
City & State BOCA RATON FL		City & State	
Zip 33432	Country	Zip	Country

4. FEI Number 59-1350098 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUR, EUGENE
398 CAMINO GARDENS BLVD, SUITE 108
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name JON D BLAKESBERG
Street Address (P.O. Box Number is Not Acceptable) 951 SW4TH AVE
City BOCA RATON FL Zip Code 33432

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] 4/19/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD BAUR,EUGENE 398 CAMINO GDS BLVD #108 BOCA RATON, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 233 S FEDERAL HWY #104
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BAUR, JEANNE 398 CAMINO GDNS BLVD #108 BOCA RATON, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 233 S FEDERAL HWY #104
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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: Eugene Baur 4-19-06 750 8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EUGENE BAUR PRESIDENT Date Daytime Phone #