2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 12, 2006 08:00 AM DOCUMENT # F9900005878 Secretary of State 1. Entity Name THE 6000 CAMP BOWIE, INC. Principal Place of Business Mailing Address 1618 ROGERS ROAD 1618 ROGERS ROAD FORT WORTH, TX 76107 FORT WORTH, TX 76107 07052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPAC 4. FEI Number 75-2352968 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORRAL, JOSEPH DO NOT WRITE 1201 BRICKELL AVENUE IN THIS SPACE **SUITE 460** MIAMI, FL 33131 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 6, 2006 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. **PDST** TITLE LADNER, DALE STREET ADDRESS 1618 ROGERS ROAD CITY-ST-ZIP FORT WORTH, TX 76107 TITLE HORTON, ROBERT S NAME STREET ADDRESS 1618 ROGERS ROAD CITY-ST-ZIP FORT WORTH, TX 76107 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SI-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

12. Thereby 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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

ON 7/5/0

8/1-336-230

Daytime Phone #