

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G04033

Entity Name: CAMBAS INVESTMENTS, INC.

FILED  
Apr 24, 2006  
Secretary of State

**Current Principal Place of Business:**

16691 US 19 NORTH  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

16691 US 19 NORTH  
CLEARWATER, FL 33764

**New Mailing Address:**

24957 BREST ROAD  
TAYLOR, MI 48180

FEI Number: 59-2887497

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GAHAN, THOMAS  
16691 US 19 NORTH  
CLEARWATER, FL 33764 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: TCD ( ) Delete  
Name: MEATHE, CULLAN F  
Address: 645 GRISWOLD, SUITE 2202  
City-St-Zip: DETRIOT, MI 48226

Title: PS ( ) Delete  
Name: RET, DANIEL  
Address: 24957 BREST ROAD  
City-St-Zip: TAYLOR, MI 48180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL RET

PS

04/24/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date