


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G04033 1. Entity Name CAMBAS INVESTMENTS, INC.					
Principal Place of Business 16691 US 19 NORTH CLEARWATER, FL 33764			Mailing Address 24957 BREST ROAD TAYLOR, MI 48180		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 16691 US 19 N. Suite, Apt. #, etc.			
City & State City: Clearwater FL		4. FEI Number 59-2887497			
Zip 33764		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAHAN, THOMAS 16691 US 19 NORTH CLEARWATER, FL 33764			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TCD MEATHE, CULLAN F 645 GRISWOLD, SUITE 2202 DETROIT, MI 48226 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200105865378 07/10/07--01039--001 **3450.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS RET, DANIEL 24957 BREST ROAD TAYLOR, MI 48180 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Y. Camacho R.A.			Date: 4/2/07 Daytime Phone #: 727-7269776		

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FLORIDA STATE
CLEARWATER, FLORIDA

