2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # G48592 1. Entity Name 02-08-2006 90009 048 ***150.00 CAMINO REAL TOWING, INC. Principal Place of Business Mailing Address 2040 OLD DIXIE HWY SW 369-53RD CIR VERO BEACH, FL 32968 IIS VERO BEACH, FL 32962 US 2. Principal Place of Business 3. Mailing Address 960 21SI Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chq-P CR2E034 (11/05) VERO BEACH Applied For City & State 4. FEI Number City & State 59-2315802 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 32960 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GALLACHER, JOSEPH E. Address (P.O. Box Number is Not Acceptable) 369 53RB CIRCLE GALLAGHER, JOSEPH E. JR. 369-53RD CIR VERO BCH, FL 32968 BEACH, FL. 32968 32968 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 TOSEPH E CALLAGHER SR SIGNATURE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete IIILE ☐ Change Addition GALLAGHER, JOSEPH E. JR. NAME NAME STREET ADDRESS 369-53RD CIR STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL CCTV ST-7P PRES. ☐ Delete TITLE Change ■ Addition TITLE GALLAGHER, JOSEPH E. SR. CALLAGHER JOSEPH E, SR 369 53RD BIRCLE NAME NAME STREET ADORESS 369-53RD CIR STREET ADORESS CITY-ST-ZIP VERO BCH, FL CITY-ST-ZIP VERO BEACH, FL TITLE ☐ Delete TITI E Addition [7] Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Detete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CATY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7F 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 with an address, with all other like empowered.

FILED

Feb 08, 2006 8:00 am