

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64641

Entity Name: CAMINO DEL RIO, INC.

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

1031 18TH STREET
SUITE H
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3189
VERO BEACH, FL 32964

New Mailing Address:

1031 18TH STREET
SUITE H
VERO BEACH, FL 32960

FEI Number: 59-2552764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RHODES, THOMAS II
2816 CORONADO WAY
VERO BEACH, FL 32960 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: PD () Delete
Name: RHODES, THOMAS T.
Address: 1516 W CAMINO DEL RIO
City-St-Zip: VERO BCH, FL 32963

Title: SD () Delete
Name: RHODES, GERELDA T.
Address: 1516 W CAMINO DEL RIO
City-St-Zip: VERO BCH, FL 32963

Title: TD () Delete
Name: RHODES, THOMAS T., II
Address: 2816 CORONADO WAY
City-St-Zip: VERO BEACH, FL 32960

Title: VD () Delete
Name: RHODES, SUSANNAH Q.
Address: 1516 W. CAMINO DEL RIO
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: THOMAS T. RHODES II

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date