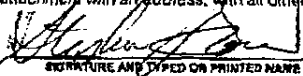


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K52367			
1. Entity Name CANAM INTERNATIONAL, INC.			
Principal Place of Business % STEPHEN BROWN 23081 ADDISON CIRCLE BOCA RATON, FL 33433		Mailing Address % STEPHEN BROWN 23081 ADDISON CIRCLE BOCA RATON, FL 33433	
DO NOT WRITE IN THIS SPACE		04222008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0089331 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, STEPHEN 23081 ADDISON CIRCLE BOCA RATON, FL 33433		DO NOT WRITE IN THIS SPACE	
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 file if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U00000551316 05/13/06-80095-014 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	BROWN, STEPHEN		
STREET ADDRESS	23081 ADDISON CIRCLE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	DS		
NAME	BROWN, CHERYL		
STREET ADDRESS	23081 ADDISON CIRCLE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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.			
SIGNATURE: 		STEVE BROWN 4/25/06 561/851-8254	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	