

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90213 018 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000070969</b><br>1. Entity Name<br><b>CAM DUCTWORKS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                         |
| Principal Place of Business<br><b>3085 SW 19 STREET<br/>MIAMI, FL 33145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      | Mailing Address<br><b>3085 SW 19 STREET<br/>MIAMI, FL 33145</b>                                                                                                                                |                                                                                                                                         |
| 2. Principal Place of Business<br><b>818 Algeria Ave</b><br><small>Suite, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      | 3. Mailing Address<br><b>818 Algeria Ave</b><br><small>Suite, Apt. #, etc.</small>                                                                                                             |                                                                                                                                         |
| City & State<br><b>Coral Gables FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | City & State<br><b>Coral Gables FL</b>                                                                                                                                                         |                                                                                                                                         |
| Zip<br><b>33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      | Zip<br><b>33134</b>                                                                                                                                                                            |                                                                                                                                         |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      | Country                                                                                                                                                                                        |                                                                                                                                         |
| 4. FEI Number<br><b>04-3766570</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                         |                                                                                                                                         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      | <b>\$8.75</b> Additional Fee Required                                                                                                                                                          |                                                                                                                                         |
| 6. Name and Address of Current Registered Agent<br><br><b>MENDOZA, ALEJANDRO<br/>3085 SW 19 STREET<br/>MIAMI, FL 33145</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>818 Algeria Ave</b><br>City<br><b>Coral Gables FL</b> Zip Code<br><b>33134</b> |                                                                                                                                         |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                         |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees                                                                          |                                                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                          |                                                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | P<br><b>MENDOZA, ALEJANDRO</b><br><b>3085 SW 19 STREET</b><br><b>MIAMI, FL 33145</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>818 Algeria Ave</b><br><b>Coral Gables, FL 33134</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VP<br><b>SAEZ, JOSE</b><br><b>3085 SW 19 STREET</b><br><b>MIAMI, FL 33145</b> <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>818 Algeria Ave</b><br><b>Coral Gables, FL 33134</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S<br><b>MENDOZA, CARLOS A</b><br><b>3085 SW 19 STREET</b><br><b>MIAMI, FL 33145</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>818 Algeria Ave</b><br><b>Coral Gables, FL 33134</b>            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                       |
| 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 |                                                                                                                      |                                                                                                                                                                                                |                                                                                                                                         |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | Date<br><b>04/28/06</b><br>Daytime Phone #                                                                                                                                                     |                                                                                                                                         |