2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000004875

Principal Place of Business

2477 MONTREAL ST. ATLANTIC BEACH, FL 32233 US

GARY CAMERON, INC.

Mailing Address

2477 MONTREAL ST.

ATLANTIC BEACH, FL 32233 U

FILED Mar 31, 2006 8:00 am Secretary of State

03-31-2006 90018 022 ***150.00



DO NOT WRITE IN THIS SPACE

02142006 No Chg-P

CR2E034 (11/05)

4. FEI Number 05-0593694

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMERON, GARY J 2477 MONTREAL ST. ATLANTIC BEACH, FL 32233

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 tate	d applicable. (NOTE: Registered	I Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. NAME STREET ADDRESS CITY-SIZZIP	OFFICERS AND DIRECT P/S CAMERON, GARY J 2477 MONTREAL ST. ATLANTIC BEACH, FL 32233	CTORS			
TITLE (Name Street address City+St-Zip					
TITLE Name Street address City-St-Zip				DO	NOT WRITE
IFITE Name Street address City-St-Zip				IN .	THIS SPACE
RITLE Name Street address City+SI-ZIP					
TRILE NAME STREET ADDRESS CITY-SI-ZIP					. 42-2-2-
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Further certify that the information					

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 eath; 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:

SIGMATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-06

904-868.3002

Date

Daytime Phone #