2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055018

FILED Apr 26, 2006 Secretary of State

| Entity Name: CAMERLENGO INCORPORATED | | | | | | |
|--|---|------------------------------|----------|---|-----------------------------------|--|
| Current Principal Place of Business: | | | | New Principal Place o | of Business: | |
| 5452 SW M PALM CITY | ARKEL STRE , FL 34990 | ET US | | | | |
| Current Mailing Address: | | | ı | New Mailing Address: | | |
| P.O. BOX 9 PALM CITY | | US | | | | |
| FEI Number: | 20-0947236 | FEI Number Applied For () | FEI Numb | ber Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | | Name and Address of New Registered Agent: | | |
| CAMERLENGO, JOHN J 3RD 5452 SW MARKEL STREET PALM CITY, FL 34990 US | | | | CAMERLENGO, VICTORIA 5452 SW MARKEL STREET PALM CITY, FL 34990 US | | |
| 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: VICTORIA CAMERLENGO | | | | 04/26/2006 | | |
| Electronic Signature of Registered Agent | | | | | Date | |
| Election Cam | paign Financing | Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | 1 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | P/D () CAMERLENGO, 5452 SW MARK PALM CITY, FL | EL STREET | 1 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VP/T () CAMERLENGO, 5452 SW MARK PALM CITY, FL | KEL STREET | 1 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTORIA CAMERLENGO VP/T 04/26/2006