

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Sep 06, 2006 8:00 am
Secretary of State**

09-06-2006 90040 008 ***150.00

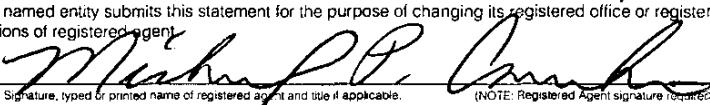
DOCUMENT # P05000018840		
1. Entity Name MICHAEL CAMACHO SANDBLASTING, INC.		

Principal Place of Business 148 SOUTH BAILEY ROAD WAUCHULA, FL 33873 US	Mailing Address 148 SOUTH BAILEY ROAD WAUCHULA, FL 33873 US
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2. Principal Place of Business 514 3rd St. W.E. Suite, Apt. #, etc.	3. Mailing Address 514 3rd St. N.E. Suite, Apt. #, etc.
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City & State Ft. Meade, FL Zip 33841	City & State Ft. Meade, FL Zip 33841
Country Polk	Country Polk

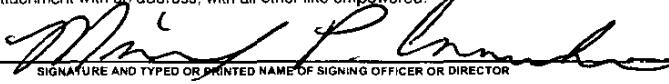
6. Name and Address of Current Registered Agent	
CAMACHO, MICHAEL P 148 SOUTH BAILEY ROAD WAUCHULA, FL 33873	
514 3rd St. W.E. Ft. Meade, FL 33841	

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 title if applicable.
(NOTE: Registered Agent signature required when reinstating)	
DATE	

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T CAMACHO, MICHAEL P 148 SOUTH BAILEY ROAD WAUCHULA, FL 33873	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael P. Camacho 514 3rd St. N.E. Ft. Meade, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.	
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SIGNATURE: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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