


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90026 040 ***550.00

DOCUMENT # P05000021821	
1. Entity Name CAMRY BUILDERS, INC.	

Principal Place of Business 2646 BAILES ROAD ZOLFO SPRINGS, FL 33890 US	Mailing Address 2646 BAILES ROAD ZOLFO SPRINGS, FL 33890 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

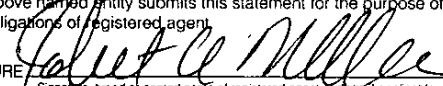


05032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2338529		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHEELER, GEORGE T 2646 BAILES ROAD ZOLFO SPRINGS, FL 33890		Name Robert A. Mueller	
		Street Address (P.O. Box Number is Not Acceptable)	
		4600 Lakeview Drive	
		City Sebring	FL Zip Code 33880

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  DATE **5-4-07**

Signature, typed or printed name of registered agent and where it applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, ROBERT A	NAME	
STREET ADDRESS	4600 LAKEVIEW DRIVE	STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33880	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, M. BLAIRE	NAME	
STREET ADDRESS	815 S. 9TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 33873	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CELIA	NAME	
STREET ADDRESS	815 S. 9TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 33873	CITY-ST-ZIP	
TITLE	S, T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, JANICE	NAME	
STREET ADDRESS	P.O. BOX 1327	STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA, FL 33873	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, GEORGE T	NAME	
STREET ADDRESS	2646 BAILES ROAD	STREET ADDRESS	
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **5-4-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR