2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P05000057017 04-17-2006 90395 036 ***150.00 JOSÉPH CAMPOS, INC. Principal Place of Business Mailing Address 4UV~~ 524 SOUTH *B* STREET 524 SOUTH "B" STREET LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 2. Principal Place of Business 3. Mailing Address P.O. BOX 731 528 SOUTH "B" STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For LAKE WORTH, FLORIDA LAKE WORTH, FLORIDA 20-2781995 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33460 USA USA Fee Required 33460 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOSEPH CAMPOS CAMPOS, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 528 SOUTH *B** STREET 524 SOUTH "B" STREET LAKE WORTH, FL 33460 City Zip Code LAKE WORTH 33460 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. Lam familiar with, and accept the obligations of registered agent. JOSEPH CAMPOS 04/13/2006 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition CAMPOS, JOSEPH NAME NAME CAMPOS, JOSEPH STREET ADDRESS 524 SOUTH "B" STREET STREET ADDRESS 528 SOUTH "B" STREET LAKE WORTH, FL 33460 CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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:

DJOSEPH CAMPOS

04/13/2006

(561) 493-1638

Daytime Phone 6

FILED