## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

DOCUMENT # P05000086694  1. Entity Name JOSEPH CAMERON INC.							FILED I <mark>N-1 PM 12:</mark> ; ETARY OF STA	
Principal Place of Business Mailing Address 5845 GULF RD 5845 GULF RD UNIT B PENSACOLA, FL 3250 MILTON, FL 32571			7		4 ( <b>4 8</b> 1) <b>1 4</b> (	1 4 1 (4) 2 (4) 8 4 (4) 8 4 (4) 8 4 (4) 8 4 (4)	ETARY OF STA HASSEE, FLOR	P1981 II 1884
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05302006	Chg-P	CR2E034 (11/05)	
City & State		City & State			1 7. 1-17		oplied For ot Applicable	
Zip	Country Zip Col		Cour	itry	5. Certificate of Status Desired \$8.75 Addit Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CAMERON, JOSEPH 5845 GULF RD UNIT B MILTON, FL 32571				Street Address (P.O. Box Number is Not Acceptable)  5432 Box (den Rd  Milton Fl. 32570  City FL Zip Code				
8. The above named entity submits this statement for the purpose of changing its registered office of the obligations of registered agent.  SIGNATURE  Signature, typedox partied carrie of registered agent and title 1 applicable. (NOTE: Registered Agent agent)						th, in the State of Flo	rida. I am familiar with.  5130 0 6	
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
TITLE P	OFFICERS AND	DIRECTORS Delete	11.	1	ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTOR  Change	S IN 11
HAME CAN STREET ADDRESS 584	MERON, JOSEPH 5 GULF RD TON, FL 32571		HAM Stri	- 1 -	N ble	3		
STREET ADDRESS 54	e-President WooD, Jeffrey 32 Borden Rd ilton, Fl. 325	□ Delete 10 10% GustnersJrij	TITL NAM STRI	- 1	8	80 <u>0</u> 076	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	☐ Addition
TITLE HAME STREET ADDRESS CHY-ST-ZIP	(1707), [ (, )00	☐ Detete	TITL: NAM STRI	£	<del></del>	<u>14/06010</u>	42	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Debete					☐ Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		○ Delete		- 1			Change	Addition
TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		-			☐ Change	Addition
indicated on thi	that the information supplied with is report or supplemental report is on or the receiver or trustee enup in an attachment with an address,	strue and accurate and that movered to execute this report a	ıy signa as requi	ture shall have the	same legal effe 7, Florida Statut	ct as if made under o es; and that my nam	oath; that I am an officer	r or director or Block 11 if