

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000113345

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** CENTRAL AMERICAN PROPERTY ACQUISITIONS, INC.

**Current Principal Place of Business:**

409 SE 3RD TERRACE  
CAPE CORAL, FL 33990 US

**New Principal Place of Business:**

**Current Mailing Address:**

409 SE 3RD TERRACE  
CAPE CORAL, FL 33990 US

**New Mailing Address:**

**FEI Number:** 20-3310860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INDEPTH TAX MANAGEMENT, INC.  
3512 E SILVER SPRINGS BLVD.  
#116  
OCALA, FL, FL 34470 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: TOWNSON, JAIME  
Address: 409 SE 3RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP/D ( ) Delete  
Name: TOWNSON, ANA  
Address: 409 SE 3RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: T/D ( ) Delete  
Name: PARTICA, JOHN A  
Address: 3512 E SILVER SPRINGS BLVD. #116  
City-St-Zip: OCALA, FL 34470 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** JOHN A PARTICA

T/D

04/29/2006

Electronic Signature of Signing Officer or Director

Date