

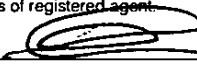
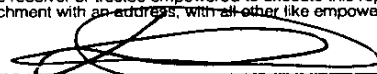


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90184 027 \*\*\*150.00

<b>DOCUMENT # P05000128244</b> 1. Entity Name <b>CAMERON HOME IMPROVEMENTS, INC.</b>					
Principal Place of Business <b>6950 PHILIPS HIGHWAY SUITE 56 JACKSONVILLE, FL 32216 US</b>			Mailing Address <b>6950 PHILIPS HIGHWAY SUITE 56 JACKSONVILLE, FL 32216 US</b>		
2. Principal Place of Business <b>6950 Philips Highway</b>		3. Mailing Address <b>6950 Philips Highway</b>			
Suite, Apt. #, etc. <b>SUITE 52</b>		Suite, Apt. #, etc. <b>SUITE 52</b>			
City & State 		City & State 			
Zip 		Country 		04262006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>30-3466817</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CONNER, STEVEN W 1106 PARK AVENUE ORANGE PARK, FL 32073</b>				7. Name and Address of New Registered Agent Name <b>MARK PATRICK</b> Street Address (P.O. Box Number is Not Acceptable) <b>4029 ATLANTIC BLVD</b> <b>JACKSONVILLE, FL</b> City <b>FL</b> Zip Code <b>32207</b>	
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 <b>4-26-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMERON, DONALD R 6950 PHILIPS HIGHWAY, SUITE 56 JACKSONVILLE, FL 32216	<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	VP CAMERON, DONALD R 6950 PHILIPS HIGHWAY, SUITE 56 JACKSONVILLE, FL 32216	<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	SEC CAMERON, ASHLEY 6950 PHILIPS HIGHWAY, SUITE 56 JACKSONVILLE, FL 32216	<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	TREA CAMERON, ASHLEY 6950 PHILIPS HIGHWAY, SUITE 56 JACKSONVILLE, FL 32216	<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.					
<b>SIGNATURE:</b> 			4-26-2006 904-396-9996 Date Daytime Phone #		