2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000042513

1. Entity Name
CAM INVESTMENTS, INC.

Principal Place of Business	Mailing Address
2110 NE 59TH COURT FORT LAUDERDALE, FL 33308	2110 NE 59TH COURT FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

06292006   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0849325	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOANNE FANIZZA ESQ.
2700 E. OAKLAND PARK BLVD.
SUITE D
FORT LAUDERDALE, FL 33306

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	CLUNE, HUBERT B
STREET ADDRESS	2110 NE 59TH COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	DVT
NAME	METZGER, LYLE W
STREET ADDRESS	2110 NE 59TH COURT
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
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CITY-ST-ZIP	

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07/07/06-80004-010 150.00

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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: ✓ *Hubert B. Clune*   7/3/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #