2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2006 08:00 AN

| DOCUMENT # P98000090209 1. Entity Name CAMERUCI REALTY, INC. | | | Secretary of State | | | |
|--|--|----------------------|-----------------------------------|-----------------------|-----------------------|--|
| Principal Place of Business 134 5TH AVE STE 102 INDIALANTIC, FL 32903 US | Mailing Address 134 5TH AVE STE 102 INDIALANTIC, FL 32903 | US | | | | |
| DO NOT WRITE | | ACE | 02022006 4. FEI Numb 59-354 | No Chg-P | CR2E034 (11 | /05) Applied For Not Applicable 5 Additional |
| 6. Name and Address of Current Registered Agent CAMERUCI, SHERRA B 1345 NORTH HWY A1A, UNIT #605 INDIALANTIC, FL 32903 | | | | NOT W | | · · · · · |
| 8. The above named entity submits this statement for the purpose of changing its registered office of 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 (S \$150.00 After May 1, 2006 Fee will be \$550.0 | S. Election Campaign Fir Trust Fund Contribution | +- | .00 May Be led to Fees | | | |
| 10. OFFICERS AND TITLE D NAME CAMERUCI, SHERRA B STREET ADDRESS 1345 N. HWY A1A UNIT #605 CITY-ST-ZIP INDIALANTIC, FL 32903 TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTORS | | | ມທບບ0 02/20/06 | 0425667 -80011-004 | 150,00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | - | | NOT W THIS SF | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | | | | j. |
| NAME STREET ADDRESS CITY-ST-ZP 12. I hereby certify that the information supplied with | this filling does not qualify for the | exemplions contained | ใ เก็ Chapter 11 | 9. Floridā Statutes 1 | further certify that | the information |

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 ar 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.

| GNATURE: | Sharper | Shar

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR