2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006103

Entity Name: AMBIUS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
ATTN COF	DAY RD SUITE RP ACCT V688 GROVE, IL 60	1 GL906900					
Current Mailing Address:				New Mailing Address:			
ATTN COF	DAY RD SUITE RP ACCT V688 GROVE, IL 60	1 GL906900					
FEI Number: 58-1805621 FEI Number Applied For (FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()			Desired ()	
Name and	Address of C	urrent Registered Agent:	ļ	Name and	Address o	of New Registered Ag	gent:
1200 SOUT	ORATION SYS TH PINE ISLAN ON, FL 33324						
The above in the State		ubmits this statement for the pu	irpose of	changing it	s registered	d office or registered a	agent, or both,
SIGNATUR							
Flanting Com		c Signature of Registered Ager	nt			Date	
		Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	BRIESE, SALLY 485 HALF DAY F		1	Title: Name: Address: City-St-Zip:		(X) Change () Addition IEFFREY M IAY RD SUITE 450 IROVE, IL 600898809 US	
Title: Name: Address: City-St-Zip:	KLEINE, THOMA 485 HALF DAY F		1	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SMESTAD, RAN 485 HALF DAY F		1	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () BILDERBACK, J 4067 INDUSTRIA NORCROSS, GA	AMES H AL PARK DR.	1	Title: Name: Address: City-St-Zip:	CHOWRIMO 400 N ORAN	(X) Change () Addition DOTO, ISAAC NGE BLOSSOM TRAIL SUI FL 328042765 US	TE S
Title: Name: Address: City-St-Zip:	T () LAWSON, DAVII 4067 INDUSTRIA NORCROSS, GA	AL PARK DR.	1	Title: Name: Address: City-St-Zip:		(X) Change () Addition ER S ROAD SUITE 1305 336344476 US	
Title: Name: Address: City-St-Zip:	()	Delete	1	Title: Name: Address: City-St-Zip:	VP MARTINEZ, 5911 SW 39 FT LAUDER		

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS R KLEINE S 01/14/2009