2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 06, 2006 8:00 am **Secretary of State** DOCUMENT # F00000001613 1. Entity Name 03-06-2006 90021 017 ***150.00 FLORIDA AMBIKA, INC. Principal Place of Business Mailing Address FLORIDA PALMS MOTEL 17784 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413 FLORIDA PALMS MOTEL 17784 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 61-1330520 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHIG, ANMOL R Street Address (P.O. Box Number is Not Acceptable) FLORIDA PALM MOTEL 17784 FRONT BEACH RD PANAMA CITY BEACH FL 32413 City Zip Code 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 stered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE Addition ☐ Change NAME FULAMBARKÉR, SONIA CHANDOK NAME STREET ADDRESS 3320 WOOD ROAD STREET ADDRESS CITY-ST-ZIP RACINE WI 53406 CITY-ST-ZIP **D**elete TITLE ☐ Change ☐ Addition NAME WHIG, RENU MAME STREET ADDRESS 6069 WEST MEGAN ST. STREET ADDRESS CITY-ST-ZIP CHANDLER AZ 85226 CITY-ST-ZIP Change THE Poleto TITLE ☐ Addition NAME KAPOOR, ANU W NAME STREET ADDRESS STREET ADDRESS 2534 BOXBOURNE CR CITY-ST-7IP MARIETTA GA 30067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition WHIG. ANMOL R NAME NAME STREET ADDRESS 17784 FRONT BEACH ROAD STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32413 CITY-ST-ZIP TITLE ☐ Delete []] Change Addition WHIG, TEJINDER K NAME NAME 17784 FRONT BEACH ROAD STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32413 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED

Daytime Phone #