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TRANSMITTAL LETTER

	ion Section of Corporations									
SUBJECT:	AMBROSIA CREATIONS INC									
(Name of corporation - must include suffix)										
Dear Sir or Mada	ım:									
	pplication by Foreign Corporation for Authorization to Transact Business in Florida," kistence," and check are submitted to register the above referenced foreign corporation to in Florida.									
Please return all o	correspondence concerning this matter to the following:									
	Kathleen Harris, President									
	(Name of Person)									
	Ambrosia Creations Inc									
	(Firm/Company)									
	204 37th Avenue North Unit #141									
	(Address)									
	St. Petersburg, FL 33704									
	(City/State and Zip code)									
For further inform	mation concerning this matter, please call:									
Kathleen H	larris at (410) 726-6829									
(Name o	(Area Code & Daytime Telephone Number) T ADDRESS: MAILING ADDRESS: Registration Section									
	T ADDRESS: MAILING ADDRESS: N									
	tion Section Registration Section Section Division of Corporations									
	raines St. P.O. Box 6327									
Tallahas	see, FL 32399 Tallahassee, FL 32314									
Enclosed is a che	eck for the following amount:									
□ \$70.00 Filing	Fee \$78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy									

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unava	lable in Florida, enter alternate	corporate name adopted for the purpose of transacting business in Florida)
Delawa	¥8	corporated) 3. 52 1373929 (FEI number, if applicable)
(State or country	under the law of which it is inc	corporated) (FEI number, if applicable)
	/1/83	5. parpetual (Duration: Year corp. will cease to exist or "perpetual")
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
Nov	ember 30, 2005	
		sacted business in Florida, if prior to registration) 7.1501 & 607.1502, F.S., to determine penalty liability)
. 204 37t	h Ave N Unit# 141	1 St. Petersburg FL 33704
	(Prin	ncipal office address)
. Ladies	Millinery (hats))
(Purpose	(s) of corporation authorized in l	home state or country to be carried out in state of Florida) red agent: (P.O. Box NOT acceptable)
(Purpose	(s) of corporation authorized in l	home state or country to be carried out in state of Florida) red agent: (P.O. Box NOT acceptable)
(Purpose P. Name and <u>stra</u> Name:	s) of corporation authorized in leet address of Florida register	home state or country to be carried out in state of Florida) red agent: (P.O. Box NOT acceptable) TALL AND Unit #141
(Purpose P. Name and <u>stra</u> Name:	(s) of corporation authorized in least address of Florida register Kathleen Harris 204 37th Ave N St. Petersburg	home state or country to be carried out in state of Florida) red agent: (P.O. Box NOT acceptable) TALL AND Unit #141
(Purpose). Name and stru Name: Office Address:	s) of corporation authorized in leet address of Florida register Kathleen Harris 204 37th Ave N St. Petersburg (City)	home state or country to be carried out in state of Florida) red agent: (P.O. Box NOT acceptable) Unit #141 Florida 33704
(Purpose). Name and stre Name: Office Address: 0. Registered:	s) of corporation authorized in let address of Florida register Kathleen Harris 204 37th Ave N St. Petersburg (City) agent's acceptance:	home state or country to be carried out in state of Florida) red agent: (P.O. Box NOT acceptable) TALL AND Unit #141

- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman:	Kathleen Harris						
Address:	204 37th Ave N.	#141/ St	. Petersbur				
Vice Chairma	n: <u>Kathleen Harris</u>						
Address:	(same as above)			,,	······		
Director:	Kathleen Harris	***************************************				**********	
Address:	(same as above)						
Director:	Kathleen Harris						
Address:	(same as above	.)					
Address:	Kathleen Harris 204 37th Ave N #14	1/ St. Pe	tersburg, I	7L 33704			
Vice Presider	t: <u>Kathleen Harris</u>		,				
Address:	(same as above)				TALLA		司
Secretary:	Kathleen Harris			······································	ASSE	22	ह -प्रस् व उ
Address:	(same as above)	· · · · · · · · · · · · · · · · · · ·			<u></u>	=	
Treasurer: _	Kathleen Harris				TORIL THE	ਲ •====================================	
Address:	(same as above)	44, 4			A		
NOTE: If 1	necessary, you may attach an adder	#	· pr	(5	and/or direct	ors.	
14	Kathleen Harris, Pr (Typed or printed name	esident ne and capacity	of person signing a	application)			

PAGE 1

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMBROSIA CREATIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMBROSIA CREATIONS, INC." WAS INCORPORATED ON THE FIRST DAY OF NOVEMBER, A.D. 1983.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Darriet Smith Windson Secretary of State

AUTHENTICATION: 4008391

DATE: 07-08-05

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