2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# F07000002730

Entity Name: AMBASSADOR OF BUSINESS, HEALTH, WELLNESS AND ETC. AND HIS SUCCESSORS, A CORPORATION SOLE

Current Principal Place of Business:

834 S. GRANDVIEW AVE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

719 SE TUSCAWILLA AVE
OCALA, FL 34471

Current Mailing Address:

834 S. GRANDVIEW AVE
DAYTONA BEACH, FL 32118

New Mailing Address:

719 SE TUSCAWILLA AVE
OCALA, FL 34471

FEI Number: 80-0393777 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLSON, ROBERT M
834 S. GRANDVIEW AVE
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: OLSON, ROBERT M
Address: 834 S. GRANDVIEW AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M, OLSON CD 04/22/2009

Electronic Signature of Signing Officer or Director — Date