

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004020

Entity Name: FRANK AMBROSE, INC.

FILED
Feb 16, 2009
Secretary of State

Current Principal Place of Business:

2300 MEIJER DRIVE
TROY, MI 48084

New Principal Place of Business:

Current Mailing Address:

2300 MEIJER DRIVE
TROY, MI 48084

New Mailing Address:

FEI Number: 38-2344745

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMBROSE, FRANK
5420 N. OCEAN DR.
SINGER ISLAND, FL 33404 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHRM () Delete
Name: AMBROSE, ROBERT D
Address: 289 BARDEN RD.
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: PD () Delete
Name: AMBROSE, ROBERT D
Address: 289 BARDEN RD.
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: CEO () Delete
Name: AMBROSE, ROBERT D
Address: 289 BARDEN RD.
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: D () Delete
Name: AMBROSE, FRANK
Address: 5420 N. OCEAN DR.
City-St-Zip: SINGER ISLAND, FL 33404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: ROBERT D. AMBROSE

CEO

02/16/2009

Electronic Signature of Signing Officer or Director

_____ Date