

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90002 046 ***550.00

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DOCUMENT # F99000004648	
1. Entity Name BLACK AMBER DEVELOPMENTS, INC.	



Principal Place of Business C/O EDWARDS & ANGELL LLP ONE NORTH CLEMATIS, SUITE #400 WEST PALM BEACH, FL 33401	Mailing Address C/O EDWARDS & ANGELL LLP ONE NORTH CLEMATIS, SUITE #400 WEST PALM BEACH, FL 33401
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2. Principal Place of Business 3751 Victoria Park Ave	3. Mailing Address 3751 Victoria Park Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06022004 Chg-P CR2E034 (10/03)

City & State Toronto Ontario	City & State Toronto Ontario	4. FEI Number 98-0230514	I Applied For: <input type="checkbox"/> No: Applicable
Zip M1W 3Z4	Country Canada	Zip M1W 3Z4	Country Canada

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ANGELL CORPORATE SERVICES, INC. ONE NORTH CLEMATIS, SUITE #400 WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name American Information Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 255 South Orange Ave Suite 1700 City Orlando FL Zip Code 32801	
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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 <i>Don M. Fisher Asst Secy</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 6/3/04 (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALLAN, RUSSELL 250 LESMILL ROAD DON MILLS, ONT., CANADA. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3751 Victoria Park Avenue Toronto, ON M1W 3Z4 Canada <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	July 7/2004 Date	416 449 1340 Daytime Phone #
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