2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N01241

1. Entity Name



FILED Feb 04, 2008 8:00 am Secretary of State

02-04-2008 90060 026 ****61.25

	ATION,INC.	NAGEMENT							
7100 W. COMMERCIAL BLVD., STE 107 71			Mailing Address 7100 W. COMMERCIAL BLVD., STE 107 LAUDERHILL, FL 33319		- ,				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				3		111) BILLI 111	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312008 _{CI}	hg-NP	CR2E037	(12/06)	•
City & State		City & State			4. FEI Number 59-137970)6			pplied For
Zip	Country	Zip	Country		5. Certificate of St			8.75 Ad	
	6Name and Address of Current	Registered Agent	<u> </u>		7. Name and Add	Iress of New Re		ee Require	
4404004			Name	,			<u> </u>	,	
AMBASSADOR COMMUNITY MGMT., INC. 7100 W. COMMERCIAL BLVD., STE 107 LAUDERHILL, FL 33319			Street Addres		P.O. Box Number is	Not Acceptable)			
		•	City				FL	Zip Cod	le
	named entity submits this statement fo	r the purpose of changing its	registered office	or register	ed agent, or both, in	the State of Flori	ida. I am fa	miliar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent sig	nature required	when reinstating)		DATE		
	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2008	<u> </u>	npaign Financing		\$5.00 May Be Added to Fees		DATE ke check j la Departn		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Car Trust Fund C	npaign Financing	' <i>f</i>	\$5.00 May Be	Florid	ke check la Departn	nent of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #