


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N97000005366</b> 1. Entity Name <b>CONQUERING AMBASSADOR, INC.</b>		
Principal Place of Business <b>240 SW 29TH AVE FT LAUDERDALE, FL 33312</b>	Mailing Address <b>240 SW 29TH AVE FT LAUDERDALE, FL 33312</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SMITH, ORTHNIEL M SR 240 SW 29TH AVE FT LAUDERDALE, FL 33312</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, ROWENA Q. 240 S.W. 29TH AVE FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SMITH, LYDIA I. 240 S.W. 29TH AVE FT. LAUDERDALE, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHARLES, LUCILLE 4751 PETER RD PLANTATION, FL 33317	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEWIN, GARY 20615 N.W. 23 AVE OPA LOCKA, FL 33056	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Rowena Q. Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/27/06</u> <u>954 316-6680</u> <small>Date Daytime Phone #</small>



04262006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0903531</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

40000053702  
05/15/06-80065-024 61.25

**DO NOT WRITE  
IN THIS SPACE**