


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90197 032 ***150.00

DOCUMENT # P01000062261	
1. Entity Name AMBER LANE, INC.	

Principal Place of Business 5111-12 BAYMEADOWS ROAD JACKSONVILLE, FL 32217	Mailing Address 5111-12 BAYMEADOWS ROAD JACKSONVILLE, FL 32217
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2. Principal Place of Business 4000 St. Johns Avenue Suite, Apt. #, etc. #34C City & State JACKSONVILLE, FLORIDA Zip 32205 Country USA	3. Mailing Address 4000 St. Johns Avenue Suite, Apt. #, etc. #34C City & State JACKSONVILLE, FLORIDA Zip 32205 Country USA
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04252006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3730895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIANA, YVONNE 5111-12 BAYMEADOWS ROAD JACKSONVILLE, FL 32217	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Yvonne F. Quinn* DATE *4/26/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	SDT GOODGE, ANNE L 5111-12 BAYMEADOWS RD STE 12 JACKSONVILLE, FL 32217 <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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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 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: *Yvonne F. Quinn* DATE *4/26/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR