2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 08:00 AM Secretary of State DOCUMENT # P02000073697** 1. Entity Name AMBITION, INC. Principal Place of Business Mailing Address 2211 ALICIA LANE 2211 ALICIA LANE ATLANTIC BEACH, FL 32233 ATLANTIC BEACH, FL 32233 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2063019 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE IRELAND, LOCK W 2211 ALICIA LANE ATLANTIC BEACH, FL 32233 IN THIS SPACE 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, typed or printed name of registered agent and title il applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME IRELAND, LOCK W STREET ADDRESS 2211 ALICIA LANE ATLANTIC BEACH, FL 32233 CITY-ST-ZIP U00000297654 04/11/05-80035-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP πιξ NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this Illing does not grafify for the exemption stated in Section 119.07(3)(1), 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.

Davime Phone #

TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: