

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000105263

FILED
Apr 12, 2006
Secretary of State

Entity Name: AMBASSADOR CLEANING SYSTEMS, INC.

Current Principal Place of Business:

447 VALPARAISO BLVD
VALPARAISO, FL 32580

New Principal Place of Business:

Current Mailing Address:

PO BOX 1992
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 32-0036487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, AMANDA
307 PONTEVEDRA LN
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

SCHNEIDER, AMANDA
447 VALPARAISO PKWY
VALPARAISO, FL 32580 US

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.

SIGNATURE: _____

04/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: SCHNEIDER, AMANDA
Address: 447 VALPARAISO BLVD.
City-St-Zip: VALPARAISO, FL 32580

Title: PD () Delete
Name: SCHNEIDER, BRAD G
Address: 447 VALPARAISO BLVD
City-St-Zip: VALPARAISO, FL 32580

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA SCHNEIDER

TSD

04/12/2006

Electronic Signature of Signing Officer or Director

Date