2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000047308

BIENSTOCK, JOE

11 SAN MARCO STREET, #705

CLEARWATER BEACH, FL 33767 US

Name:

Address:

City-St-Zip:

Entity Name: AMBERJACK INVESTMENTS, INC.

FILED Mar 14, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11 SAN MARCO STREET #705 CLEARWATER BEACH, FL 33767 US **New Mailing Address: Current Mailing Address:** 11 SAN MARCO STREET #705 CLEARWATER BEACH, FL 33767 US FEI Number: 20-0020485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROWN, SHERMAN 11 SAN MARCO STREET #705 CLEARWATER BEACH, FL 33767 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BROWN, SHERMAN Name: Name: 11 SAN MARCO STREET, #705 Address: Address: City-St-Zip: CLEARWATER BEACH, FL 33767 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: YOFAN, AVI Name: 11 SAN MARCO STREET, #705 Address: Address: CLEARWATER BEACH, FL 33767 US City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition RUKAVINA, JIM Name: Name: 11 SAN MARCO STREET, #705 Address: Address: CLEARWATER BEACH, FL 33767 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SHERMAN BROWN D 03/14/2005