2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# P03000103313

Entity Name: AMBA MANAGEMENTS INC.

Current Principal Place of Business:

401 NW 110TH AVENUE
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

401 NW 110TH AVENUE
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-1204890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GUPTA, BHARAT K
401 NW 110TH AVENUE
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: PTSD ( ) Delete
Name: GUPTA, ACHALA
Address: 401 NW 110TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: VPD ( ) Delete
Name: GUPTA, BHARAT
Address: 401 NW 110TH AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D ( ) Change (X) Addition
Name: GUPTA, MOHIT
Address: 401 NW 110TH AVE
City-St-Zip: PLANTATION, FL 33324 US

Title: D ( ) Change (X) Addition
Name: GUPTA, ANMOL
Address: 401 NW 110TH AVENUE
City-St-Zip: PLANTATION, FL 33324 US

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: ACHALA GUPTA P 04/09/2006

Electronic Signature of Signing Officer or Director — Date