

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130548

Entity Name: AMBRIT ENTERPRISES, INC.

FILED
Feb 13, 2006
Secretary of State

Current Principal Place of Business:

660 CECINA WAY., #G
KISSIMMEE, FL 34741

New Principal Place of Business:

2710 PATRICIAN CIRCLE
KISSIMMEE, FL 34746

Current Mailing Address:

660 CECINA WAY., #G
KISSIMMEE, FL 34741

New Mailing Address:

2710 PATRICIAN CIRCLE
KISSIMMEE, FL 34746

FEI Number: 57-1192409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEY, PAUL
660 CECINA WAY
APT G
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

ALLEY, PAUL
2710 PATRICIAN CIRCLE
KISSIMMEE, FL 34746 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:

02/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALLEY, PAUL L
Address: 660 CECINA WAY., #G
City-St-Zip: KISSIMMEE, FL 34741

Title: VSTD () Delete
Name: ALLEY, MAUREEN C
Address: 660 CECINA WAY., #G
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALLEY, PAUL L
Address: 2710 PATRICIAN CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

Title: VSTD (X) Change () Addition
Name: ALLEY, MAUREEN C
Address: 2710 PATRICIAN CIRCLE
City-St-Zip: KISSIMMEE, FL 34746

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: PAUL L ALLEY

PD

02/13/2006

Electronic Signature of Signing Officer or Director

Date