

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2005 8:00 am**  
**Secretary of State**

08-23-2005 90012 041 \*\*\*150.00

<b>DOCUMENT # P03000143665</b> 1. Entity Name <b>THE GAMBER GROUP, INC.</b>					
Principal Place of Business <b>3740 FIELDSTONE BLVD. UNIT 1005 NAPLES, FL 34109-0746 US</b>			Mailing Address <b>3740 FIELDSTONE BLVD. UNIT 1005 NAPLES, FL 34109-0746 US</b>		
2. Principal Place of Business <b>6275 Wilshire Pines Circle</b>		3. Mailing Address <b>6275 Wilshire Pines Circle</b>			
Suite, Apt. #, etc. <b>#1002</b>		Suite, Apt. #, etc. <b>#1002</b>			
City & State <b>Naples, FL</b>		City & State <b>Naples, FL</b>			
Zip <b>34109-8711</b>		Country <b>US</b>		4. FEI Number <b>27-0073547</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>GAMBER, DAVID S D 3740 FIELDSTONE BLVD. UNIT 1005 NAPLES, FL 34109</b>			7. Name and Address of New Registered Agent Name <b>GAMBER, DAVID S</b> Street Address (P.O. Box Number is Not Acceptable) <b>6275 Wilshire Pines Circle</b> <b>#1002</b> City <b>Naples</b> <b>FL</b> Zip Code <b>34109-8711</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME GAMBER, DAVID S STREET ADDRESS 3740 FIELDSTONE BLVD., UNIT 1005 CITY-ST-ZIP NAPLES, FL 341090746	<input type="checkbox"/> Delete		TITLE D NAME GAMBER, DAVID S STREET ADDRESS 6275 Wilshire Pines Circle #1002 CITY-ST-ZIP Naples, FL 34109-8711	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE:  <b>(DAVID S. GAMBER)</b>			Date <b>8/17/05</b> Daytime Phone # <b>239 273-8822</b>		

**50062985**

