


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90295 010 \*\*\*158.75

<b>DOCUMENT # P03000150546</b>	
1. Entity Name <b>AMBROSE FLOORING SPECIALISTS, INC.</b>	

Principal Place of Business <b>606 GLADIOLA DRIVE 508 MERRITT ISLAND FL 32952</b>	Mailing Address <b>1585 TARPON STREET MERRITT ISLAND FL 32952</b>
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2. Principal Place of Business <b>606 Gladiola Drive</b>	3. Mailing Address <b>1585 TARPON Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State <b>Merritt Island</b>	City & State <b>Merritt Island, Florida</b>
Zip <b>32952</b>	Country <b>FLORIDA</b>
Zip <b>32952</b>	Country <b>FLORIDA</b>

4. FEI Number <b>20-0505933</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>AMBROSE, JOSEPH E 1585 TARPON STREET MERRITT ISLAND FL 32952</b>	
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7. Name and Address of New Registered Agent	
Name <b>Joseph E Ambrose</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1585 TARPON Street</b>	
City <b>Merritt Island</b>	FL Zip Code <b>32952</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 <i>Joseph E Ambrose</i>	President	DATE <b>4-20-06</b>

<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P AMBROSE, JOSEPH E 1585 TARPON STREET MERRITT ISLAND FL 32952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP MISTELE, KENNETH 2880 N. WICKHAM RD #610 MELBOURNE FL 32935 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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: <i>Joseph E Ambrose</i>	Joseph E Ambrose	DATE <b>4/20/06</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>321-455-9817</b>