

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P05000136232

1. Entity Name  
AMBER SUNRISE INC



Principal Place of Business  
9170 SW 52ND TERR  
OCALA, FL 34476

Mailing Address  
9170 SW 52ND TERR  
OCALA, FL 34476

**FILED**  
**Feb 14, 2008 8:00 A.M.**  
**Secretary of State**



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0338466  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SINGH, ZANDRA S  
121 EDWARD DR.  
PALM COAST, FL 32164

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGH, ZANDRA S 121 EDWARD DR. PALM COAST, FL 32164
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02/02/07 90005 004 \$50.00  
04/05/07 90136 036 \$100.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-08

352-239-3777

Date

Daytime Phone #

To whom it may concern:

I am sorry but I was unaware of a letter requiring my signature was sent to my address or perhaps returned to you, for filing my co-operation known as Amber Sunrise Inc. P05000136232 in 2007.

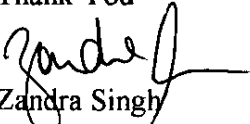
I give a check for \$50 then I was told that I needed to pay an additional \$100 in which I did upon receiving that request.

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In October I give another \$150 to reinstate Amber Sunrise Inc. I did not realize that I duplicated payments the same year until I was reviewing 2007 taxes. I paid 2 times for the same co-operation. I would like a waiver of all fees because you were previously notified that I did not receive any mail requiring my signature.

The \$150.00 that I overpaid I would like to apply towards my 2008 annual fees due. Can you please respond by letter or phone that this is okay so that I will know that everything is okay with my co-operation. If you have any questions feel free to contact me at 352-239-3777

Thank You

  
Zandra Singh

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