2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140370

Entity Name: PRODUCTIONS BY AMBER, INC

9620-D BOCA GARDENS CIRCLE N

BOCA RATON, FL 33496

Address: City-St-Zip: FILED Apr 22, 2009 Secretary of State

_many man		THORIO BY AMBER, INC			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	DCA GARDENS TON, FL 3349				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
5933 W HILLSBORO B		ULEVARD		3840 W HILLSBORO BOULEVARD	
#119 PARKLAN	D, FL 33067	US	#121 DEERFIELD BEACH, FL	#121 DEERFIELD BEACH, FL 33442 US	
FEI Number:	: 43-2090248	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
1800 NW 0 SUITE 302 BOCA RATTHE above	TON, FL 3343	BOULEVARD 1 US	ourpose of changing its registered c	office or registered agent, or both,	
SIGNATUR					
0.014/ (101		ic Signature of Registered Age	ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MANCUSO, ME	SARDENS CIRCLE N	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	MANCUSO, JAN	SARDENS CIRCLE N	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	T () MANCUSO, JAN	Delete ⁄IES B	Title: () Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: MELINDA MANCUSO DP 04/22/2009