2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000039393

Title:

Name: Address:

City-St-Zip:

FILED May 04, 2009 Secretary of State

Entity Name: AMBOSCH ENTERPRISE, INC. **Current Principal Place of Business: New Principal Place of Business:** 6754 POMPEII RD. 3098 ORLANDO DRIVE **SUITE # 101** SANFORD, FL 32773 ORLANDO, FL 32822 **New Mailing Address: Current Mailing Address:** 6754 POMPEII RD. **SUITE # 101** ORLANDO, FL 32822 FEI Number: 20-8748772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOSCH, ANDY W 6754 PÓMPEII RD ORLANDO, FL 32822 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BOSCH, ANDY W BOSCH, ANDY W Name: Name: 6754 POMPEII RD. 6754 POMPEII RD. Address: Address: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: TURRELL, DOLORES O Name: TURRELL, DOLORES O 268 WELLON AVE 268 WELLON AVE Address: Address: ORLANDO, FL 32833 ORLANDO, FL 32833 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: ORLANDA, JAY AR C ORLANDA, MELODY C Name: Name: 268 WELLON AVE 6754 POMPELLRD. Address: Address: City-St-Zip: ORLANDO, FL 32833 City-St-Zip: ORLANDO, FL 32822

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANDY W. BOSCH P 05/04/2009

(X) Delete

ORLANDA, MELODY C

ORLANDO, FL 32822

6754 POMPEII RD.

() Change () Addition