2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000001351

City-St-Zip: CAPE CORAL, FL 33904

Entity Name: AMBASSADOR KITCHENS, INC

FILED Apr 27, 2007 Secretary of State

Entity Nai	me: AMBASS	ADOR KITCHENS, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
12940 METRO PKWY FORT MYERS, FL 339121319 US				12940 METRO PKWY FORT MYERS, FL 339661319 US	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
12940 METRO PKWY FORT MYERS, FL 339121319 US				12940 METRO PKWY FORT MYERS, FL 339661319 US	
FEI Number	: 65-0371613	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
PAGE, RUSSELL S 12940 METRO PKWY FORT MYERS, FL 339121319 US			12940 METRO PK	PAGE, RUSSELL S 12940 METRO PKWY FORT MYERS, FL 339661319 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				04/27/2007	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (PAGE, RUSSE 1612 SAVONA CAPE CORAL,	PKWY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (DEER, JOHN E ROUTE 1, BOX WAUCHULA, F	C 45	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SD (PAGE, LEIGH / 1612 SAVONA		Title: Name: Address:	() 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.

City-St-Zip:

SIGNATURE: RUSSELL S PAGE PD 04/27/2007