


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90014 005 \*\*\*158.75

<b>DOCUMENT # P96000070396</b>	
1. Entity Name AMBINDER STRATEGIC CONSULTING, INC.	

Principal Place of Business 616 E. ALTAMONTE DRIVE STE 100 ALTAMONTE SPRINGS, FL 32701	Mailing Address 616 E. ALTAMONTE DRIVE STE 100 ALTAMONTE SPRINGS, FL 32701
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20052128



2. Principal Place of Business 2501 N. ORANGE AVENUE SUITE 201	3. Mailing Address 4906 BRIAR OAKS CIRCLE
Suite, Apt. #, etc. SUITE 201	Suite, Apt. #, etc.

08072006 Chg-P CR2E034 (11/05)

City & State ORLANDO, FLORIDA	City & State ORLANDO, FL
Zip 32804	Zip 32808-1706
Country USA	Country USA

4. FEI Number 59-3399572	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMBINDER, ROY 616 E. ALTAMONTE DRIVE STE 100 ALTAMONTE SPRINGS, FL 32701	7. Name and Address of New Registered Agent Name AMBINDER ROY Street Address (P.O. Box Number is Not Acceptable) 2501 N. ORANGE AVENUE SUITE 201 City ORLANDO FL Zip Code 32804
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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: Roy M. Ambinder DATE: 08-07-2006

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMBINDER, ROY M.D. 616 E. ALTAMONTE DR, STE 100 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMBINDER, ROY M.D. 2501 N. ORANGE AVENUE, SUITE 201 ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: Roy M. Ambinder DATE: 08-07-2006 DAYTIME PHONE #: 407-894-0018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR