

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000065737**

1. Entity Name  
**GAMBAM, INC.**



Principal Place of Business  
**3756 ESSEX PLACE  
BONITA SPRINGS, FL 34134**

Mailing Address  
**3756 ESSEX PLACE  
BONITA SPRINGS, FL 34134**



03272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0769573** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MATERIALE, BARBARA A  
3756 ESSEX PLACE  
BONITA SPRINGS, FL 34134**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000485536  
04/12/06-80087-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
NAME **MATERIALE, BARBARA A**  
STREET ADDRESS **3756 ESSEX PLACE**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **D**  
NAME **MATERIALE, GERARD A**  
STREET ADDRESS **3756 ESSEX PLACE**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: B. Materiale, Pres. Barbara Materiale 3-27-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #