

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000017460

1. Entity Name

A M B RESEARCH & CONSULTING, INC.



Principal Place of Business

P.O. BOX 6217

PALM HARBOR, FL 34684

Mailing Address

P.O. BOX 6217

PALM HARBOR, FL 34684



01042006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3502982

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOSKI, PEGGY
ACCOUNTING CLINIC INC
1025 OHIO AVE
PALM HARBOR, FL 34683**

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BEKKER, KATHERINE A
P.O. BOX 6217
PALM HARBOR, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BEKKER, ROBERT J
PO BOX 6217
PALM HARBOR, FL 34684**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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01/10/06-80036-013 150.00

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

SIGNATURE:

Robert J. Bekker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 Jan 06
Date

727-787-1744
Daytime Phone #