

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009402

Entity Name: AMBRIA'S INC.

FILED  
Apr 18, 2006  
Secretary of State

**Current Principal Place of Business:**

200 BEACH DRIVE NE  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 509  
ST. PETERSBURG, FL 33731

**New Mailing Address:**

FEI Number: 59-3552067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FETH, NORBERT  
1900 1ST ST SE  
SAINT PETERSBURG, FL 33705 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FETH, NORBERT  
Address: 1900 1ST ST SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

Title: VP ( ) Delete  
Name: FETH, SHERRI A  
Address: 1900 1ST ST., SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: NORBERT FETH

P

04/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date