2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22187

City-St-Zip: LEXINGTON, KY 40516

Entity Name: AMBROSE KENNELS INC.

FILED Mar 28, 2009 Secretary of State

Littly Na	IIIe. AMBROC	DE REININEES, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
6551 BUR NAPLES, I	OAKS LANE FL 34119				
Current Mailing Address:			New Mailing Address:		
6551 BUR NAPLES, I	OAKS LANE FL 34119				
FEI Number	: 65-0235394	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and Address o	f New Registered Agent:	
NAPLES, I	ÓAKS LANE FL 34119 L	JS submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (AMBROSE, ST 6551 BUR OAK NAPLES, FL 3	(S LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP (WALKER, RAN 3600 HALEY R		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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.

SIGNATURE: STEVE AMBROSE D 03/28/2009