

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # S42422</b> 1. Entity Name <b>AMBERGATE, INC.</b>	
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Principal Place of Business <b>630 MAPLEWOOD DRIVE</b> <b>100</b> <b>JUPITER, FL 33458 US</b>	Mailing Address <b>630 MAPLEWOOD DRIVE</b> <b>100</b> <b>JUPITER, FL 33458 US</b>
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04142007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>55-0707378</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAM E TAYLOR  
MAPLEWOOD DRIVE  
100  
JUPITER, FL 33458

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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 \_\_\_\_\_  
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, 2007 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	CD SOLOMON, J.C. II
STREET ADDRESS CITY-ST-ZIP	630 MAPLEWOOD DRIVE, #100 JUPITER, FL 33458
TITLE NAME	PD GRAZIOTTO, RAYMOND E
STREET ADDRESS CITY-ST-ZIP	630 MAPLEWOOD DRIVE, #100 JUPITER, FL 33458
TITLE NAME	CFO TAYLOR, WILLIAM E
STREET ADDRESS CITY-ST-ZIP	630 MAPLEWOOD DRIVE #100 JUPITER, FL 33458
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	

U00000712501  
04/26/07-80049-014 150.00

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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: *William E. Taylor* **William E Taylor CFO** **4-16-07** **561-625-9443**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #