


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # S42422 1. Entity Name AMBERGATE, INC.	
---	---

Principal Place of Business 630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458 US	Mailing Address 630 MAPLEWOOD DRIVE 100 JUPITER, FL 33458 US
---	---



02252008 No Chg-P CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLIAM E TAYLOR
 MAPLEWOOD DRIVE
 100
 JUPITER, FL 33458

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	CD SOLOMON, J.C. II 630 MAPLEWOOD DRIVE, #100 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAZIOTTO, RAYMOND E 630 MAPLEWOOD DRIVE, #100 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO TAYLOR, WILLIAM E 630 MAPLEWOOD DRIVE #100 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000932494
 05/22/08-80056-018 150.00

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: William E Taylor CFO William E Taylor 4-21-08 561-625-9443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #