

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S70887

FILED
Jan 06, 2005
Secretary of State

Entity Name: CHAMBER RESOURCES, INC.

Current Principal Place of Business:

1927 S 14TH ST
STE 400
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

PO BOX 15553
AMELIA ISLAND, FL 32035

New Mailing Address:

FEI Number: 59-3080202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, WESLEY R.
303 CENTRE ST
SUITE 200
FERNANDINA BEACH, FL 32034 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: DPT () Delete
Name: RODRIGUEZ, EDWARD M.,
Address: P O BOX 15553
City-St-Zip: FERNADINA BCH, FL 32035

Title: VS () Delete
Name: LOVE, MICHAEL C.,
Address: 216 N 19TH ST
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change () Addition
Name: LOVE, MICHAEL C.,
Address: 30936 PARADISE COMMONS #225
City-St-Zip: FERNANDINA BEACH, FL 32034

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD M. RODRIGUEZ

PRES

01/06/2005

Electronic Signature of Signing Officer or Director

Date