

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90179 029 ***158.75

DOCUMENT # V42491 1. Entity Name AMBER MARIE INC.			
Principal Place of Business 1806 S YOUNG CIR HOLLYWOOD, FL 33020 US		Mailing Address 9720 PINES BLVD PEMBROKE PINES, FL 33024 US	
2. Principal Place of Business 934 N. 31 Rd		3. Mailing Address 934 N. 31 Rd	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33021-5515		Zip 33021-5515	
Country USA		Country USA	
4. FEI Number 65-0346477		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EADIE, KAREN, DD. 1806 S YOUNG CIR HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name Eadie Karen D Street Address (P.O. Box Number is Not Acceptable) 934 N. 31 Rd City Hollywood FL Zip Code 33021-5515	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD EADIE, KAREN 34 SW 7 ST DANIA, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Karen D Eadie</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>March 3, 2005</u> <small>Date Daytime Phone #</small>	