

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 355017**

1. Entity Name  
**OCRAM INC**



Principal Place of Business      Mailing Address

**3334 WEATHERTOP WAY**      **3334 WEATHERTOP WAY**  
**ROSWELL, GA 30075 US**      **ROSWELL, GA 30075 US**

**DO NOT WRITE IN THIS SPACE**



01032006    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-1274348</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

**BROOKS, CHRISTINE C**  
**6255 SW 126 STREET**  
**MIAMI, FL 33156**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSD
NAME	BYRD, LYNN
STREET ADDRESS	5210 INTERBAY BLVD UNIT 3
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	VDAS
NAME	KING, LINDA L
STREET ADDRESS	3334 WEATHERBY WAY
CITY-ST-ZIP	ROSWELL, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/15/06-80005-015 150.00

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: Linda King      1/31/06 990643-1851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Office Phone #