

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 25, 2006
Secretary of State

DOCUMENT# 762102

Entity Name: RAM FOOTBALL CLUB, INC.

Current Principal Place of Business:

ONE RAM WAY
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

4830 SWEET SHADE DRIVE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 59-2191420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPRAGUE, JOHN C
7328 PALOMINO LANE
SARASOTA, FL 34241 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEVANTI, KENNETH R
Address: 4830 SWEET SHADE DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: TD () Delete
Name: LEVANTI, SHEREE L TREAS.
Address: 4830 SWEET SHADE DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: D () Delete
Name: SPRAGUE, JOHN C
Address: 7328 PALOMINO LANE
City-St-Zip: SARASOTA, FL 34241

Title: SD () Delete
Name: DOWDEN, KATHY SEC.
Address: 16100 RAWLS ROAD
City-St-Zip: SARASOTA, FL 34240

Title: D () Delete
Name: SPRAGUE, JOHN C.,
Address: 3985 HELENE ST
City-St-Zip: SARASOTA, FL 00000,

Title: VD () Delete
Name: TELLO-ACCOLA, BARBARA V.P.
Address: 4894 POST POINT DRIVE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ROBERTS, DAVID B JR
Address: 2937 BEE RIDGE ROAD, SUITE 10
City-St-Zip: SARASOTA, FL 34239

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

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Name:
Address:
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Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEREE LEVANTI

TD

05/25/2006

Electronic Signature of Signing Officer or Director

Date