

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001002

Entity Name: RAGASCO NORTH AMERICA INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

7096 DEER PT LN
W PALM BCH, FL 33411

New Principal Place of Business:

Current Mailing Address:

7096 DEER PT LN
W PALM BCH, FL 33411

New Mailing Address:

FEI Number: 71-0996335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: D () Delete
Name: EPASET, ERIC
Address: PO BOX 836 SENTRUM
City-St-Zip: ALESUND, NORWAY, OC N6001 OC

Title: D () Delete
Name: HAMRE, OYVIND
Address: PO BOX 50
City-St-Zip: RAUFOSS NORWAY, OC N2831 OC

Title: P () Delete
Name: JONES, ROBERT
Address: 7096 DEER PT LN
City-St-Zip: W PALM BCH, FL 33411

Title: ST () Delete
Name: MADSEN, TOM
Address: PO BOX 50
City-St-Zip: RAUFOSS NORWAY, OC N2831 OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT F JONES

P

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date