


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N38037
1. Entity Name
RAM FOUNDATION, INC.



Principal Place of Business Mailing Address
1900 SUMMIT TOWER BLVD, #260 1900 SUMMIT TOWER BLVD, #260
ORLANDO, FL 32810 ORLANDO, FL 32810



02152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0194739	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KRAUS, PAUL V
1900 SUMMIT TOWER BLVD, #260
ORLANDO, FL 32810

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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 re-registering) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE ZIP	PO OFFERDAHL, JOHN 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-STATE ZIP	VSTD OFFERDAHL, LYNN 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-STATE ZIP	D KRAUS, PAUL V 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
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TITLE NAME STREET ADDRESS CITY-STATE ZIP	

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03/10/06-80052-001 61.25

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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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address in full power like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/06 954.423.8101