


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N38037</b> 1. Entity Name RAM FOUNDATION, INC.	
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Principal Place of Business 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810	Mailing Address 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0194739	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

KRAUS, PAUL V  
 1900 SUMMIT TOWER BLVD, #260  
 ORLANDO, FL 32810

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$81.25**  
**Due by May 1, 2007**

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


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OFFERDAHL, JOHN 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD OFFERDAHL, LYNN 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUS, PAUL V 1900 SUMMIT TOWER BLVD, #260 ORLANDO, FL 32810
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 02/08/07-80054-021 61.25

**DO NOT WRITE IN THIS SPACE**

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, with all other like empowered.

**SIGNATURE:**  1/29/07 954.423.8101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #