
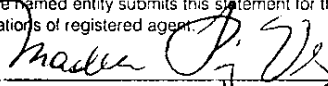
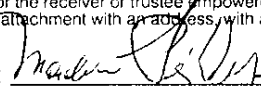


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90010 043 \*\*\*150.00

<b>DOCUMENT # P02000029629</b>					
1. Entity Name <b>THE RAMPER GROUP, INC.</b>					
Principal Place of Business <b>8405 RIDGEBROOK CIRCLE ODESSA, FL 33556</b>			Mailing Address <b>8405 RIDGEBROOK CIRCLE ODESSA, FL 33556</b>		
2. Principal Place of Business - No P.O. Box # <b>6820 SW 40TH ST.</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MIAMI FL</b>		City & State		4. FEI Number <b>02-0590854</b>	
Zip <b>33155</b>		Country		Applied For Not Applicable	
Country <b>DADE</b>		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RAMIREZ, JORGE O 8405 RIDGEBROOK CIRCLE ODESSA, FL 33556</b>			Name <b>MADELEINE PEREZ - VELEZ</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>8405 RIDGEBROOK CIRCLE</b>		
			City <b>ODESSA FL 33556</b>		
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: 		<b>MADELEINE PEREZ - VELEZ</b>		DATE <b>01-29- 200</b>	
Signature (typed or printed name of registered agent) and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, JORGE O		NAME	MADELEINE PEREZ-VELEZ	
STREET ADDRESS	8405 RIDGEBROOK CIRCLE		STREET ADDRESS	8405 RIDGEBROOK CIRCLE	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	ODESSA, FL 33556	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEREZ-VELEZ, MADELEINE		NAME	LUCIA P. PEREZ	
STREET ADDRESS	8405 RIDGEBROOK CIRCLE		STREET ADDRESS	2538 MONTCLAIRE CT.	
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP	WESTON, FL 33375	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, JORGE G		NAME		
STREET ADDRESS	8405 RIDGEBROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIDGLEY, MONICA M		NAME		
STREET ADDRESS	8405 RIDGEBROOK CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				305	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <b>01/29/07 663-2600</b>	
				Daytime Phone #	