2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Mar 16, 2006 08:00 AM DOCUMENT # P05000155666 **Secretary of State** 1. Entity Name RAM OIL & GAS CORP Principal Place of Business ... Mailing Address 2329 KINGS LAKE BLVD. NAPLES FL 34112 2329 KINGS LAKE BLVD. NAPLES FL 34112 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Not Applicate Zio Cauntry Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIEPHOUSE, MARGARET 2329 KINGS LAKE BLVD. Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34112 City Zip Code 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature retruited when remainling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution, Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition U00000469237 /25/06-80021**-0**03 150.00 NAME DIEPHOUSE, ALVIN R NAME STREET ADDRESS 2329 KINGS LAKE BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 CITY-ST-ZIP TITLE ☐ Defete ☐ Change NAME DIEPHOUSE, MARGARET NAME STREET ADORESS 2329 KINGS LAKE BLVD. STREET ADDRESS CITY-ST-ZIP NAPLES FL 34112 City-ST-209 THILE Deicte Deicte TITLE ☐ Change The Market NAM FEENSTRA, BARBARA NAME STREET ADDRESS 4760 FOREST HILLS CT SE STREET ADDRESS CITY-ST-ZIP GRAND RAPIDS MI 49506 CUY-ST-ZIP TITLE Detete TITLE Change Assessed Marketine NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Defete TITLE ☐ Change □ A4622. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Ac. NAME NAME STREET ADDRESS STREET ADDRESS CILY-SI-ZIP CDY-S1-202 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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

FILED