


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P99000053047**  
 1. Entity Name  
**RAM SALES & MARKETING INC.**



Principal Place of Business      Mailing Address  
**13029 SUGAR CREEK BLVD**      **13029 SUGAR CREEK BLVD**  
**HUDSON, FL 34669**                      **HUDSON, FL 34669**

**DO NOT WRITE IN THIS SPACE**



03032007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3581978**                      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fees Required**

6. Name and Address of Current Registered Agent  
**MARINELLI, ROBERT A**  
**13029 SUGAR CREEK BLVD**  
**HUDSON, FL 34669**

**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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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 MARINELLI, ROBERT A 13029 SUGAR CREEK BLVD HUDSON, FL 34669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARINELLI, CYNTHIA 13029 SUGAR CREEK BLVD HUDSON, FL 34669
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 04/10/07-80045-001 150.00

**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 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: Cynthia Marinelli      Cynthia Marinelli, 3-29-07, 727-856  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 6131