


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000029629
 1. Entity Name
THE RAMPER GROUP, INC.



Principal Place of Business
8405 RIDGEBROOK CIRCLE
ODESSA, FL 33556

Mailing Address
8405 RIDGEBROOK CIRCLE
ODESSA, FL 33556



05042006 No Chg-P CR2E034 (11/05)

4. FEI Number
02-0590654 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAMIREZ, JORGE O
8405 RIDGEBROOK CIRCLE
ODESSA, FL 33556

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

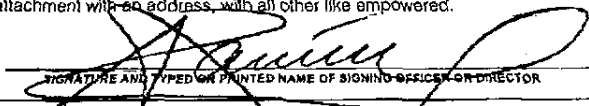
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMIREZ, JORGE O
STREET ADDRESS	8405 RIDGEBROOK CIRCLE
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	ST
NAME	PEREZ-VELEZ, MADELEINE
STREET ADDRESS	8405 RIDGEBROOK CIRCLE
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	V
NAME	RAMIREZ, JORGE G
STREET ADDRESS	8405 RIDGEBROOK CIRCLE
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	V
NAME	QUIDGLEY, MONICA M
STREET ADDRESS	8405 RIDGEBROOK CIRCLE
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000564325
 05/20/06-80056-003 150.00

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:  **5/5/06** (813) 926-9561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of the Filing