


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90292 031 ***150.00

DOCUMENT # 254079	
1. Entity Name RAMSAY ENTERPRISES, INC.	

Principal Place of Business 1700 S. OCEAN BLVD., #19-C POMPANO BEACH FL 33062	Mailing Address 1700 S. OCEAN BLVD., #19-C POMPANO BEACH FL 33062
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2. Principal Place of Business 7411 MIAMI LAKES DR.	3. Mailing Address 7411 MIAMI LAKES DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

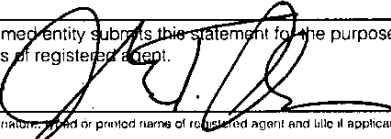
City & State MIAMI LAKES, FL	City & State MIAMI LAKES, FL
Zip 33014	Zip 33014
Country USA	Country USA

4. FEI Number 59-0967620	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAMSAY, GRANVILLE L. 1700 S. OCEAN BLVD., #19-C POMPANO BEACH FL 33062	
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7. Name and Address of New Registered Agent Name John T. Cullen Street Address (P.O. Box Number is Not Acceptable) 7411 MIAMI LAKES DR. City MIAMI LAKES FL Zip Code 33014	
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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 	John T. Cullen 4-1-06
(NOTE: Registered Agent signature required when reinstating)	

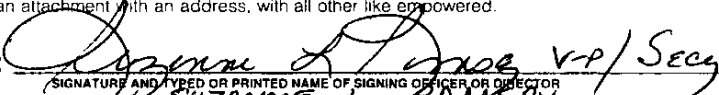
FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RAMSAY, SUZANNE L. 1700 S. OCEAN BLVD. # 19-C POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC RAMSAY, GRANVILLE L. 1700 S. OCEAN BLVD. #19-C POMPANO BEACH FL 33062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RAMSAY, SUZANNE L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7411 MIAMI LAKES DR MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC RAMSAY, GRANVILLE L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7411 MIAMI LAKES DR MIAMI LAKES, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	SUZANNE L. RAMSAY 4-1-06 954-629-7992
Date Daytime Phone #	