2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# 290235

Entity Name: TRAMAN CORPORATION

Current Principal Place of Business:

6787 TRAIL RIDGE DRIVE
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 380
MULBERRY, FL 33860 US

New Mailing Address:

FEI Number: 59-1085668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARTMAN, GRETCHEN L PRES
6787 TRAIL RIDGE DRIVE
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PRES ( ) Delete
Name:	ARTMAN, GRETCHEN L PRES
Address:	6787 TRAIL RIDGE DR.
City-St-Zip:	LAKELAND, FL 33813 US
Title:	VP ( ) Delete
Name:	ARTMAN, STEPHEN H VP
Address:	6321 FERN LANE
City-St-Zip:	LAKELAND, FL 33813 US
Title:	T ( ) Delete
Name:	ARTMAN, STUART D T
Address:	6653 HUNTERFIELD RD.
City-St-Zip:	LAKELAND, FL 33813 US
Title:	D ( ) Delete
Name:	KNOWLES, MEREDITH A DIR
Address:	133 SHADOW LANE
City-St-Zip:	LAKELAND, FL 33813 US
Title:	D ( ) Delete
Name:	ARTMAN, SPENCER Q DIR
Address:	CMR 414; BOX 1781
City-St-Zip:	APO, AE 09173 US
Title:	D ( ) Delete
Name:	ARTMAN, SANFORD P DIR
Address:	1433 WOODSTONE DR
City-St-Zip:	SAINT CHARLES, MO 63304 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRETCHEN L. ARTMAN PRES 03/23/2007
Electronic Signature of Signing Officer or Director Date