2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 11, 2007 08:00 AM **DOCUMENT # 300569 Secretary of State** 1. Entity Name RAM GROUP, INC. Principal Place of Business Mailing Address 125 E. INDIANA AVE. 125 E. INDIANA AVE US DELAND, FL 32724 DELAND, FL 32724 01072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1110335 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCMAHAN, RICHARD A. DO NOT WRITE 125 E. INDIANA AVE DELAND, FL 32724 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MCMAHAN, RICHARD A NAME STREET ADDRESS 920 PINE TREE TERR. CITY-ST-ZIP DELAND, FL 000000582612 01/11/07-80039-001 150.00 TITLE NAME MCMAHAN, MARY B. STREET ADDRESS 920 PINE TREE TERR CITY-ST-ZIP DELAND, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

RICHARD A. McMahan 1/6/07 386 736-3799