


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 684374</b>			
1. Entity Name <b>RAMSEY PAINT &amp; BODY, INC.</b>			
Principal Place of Business <b>209 S.W. 15TH STREET FT LAUDERDALE, FL 33315</b>		Mailing Address <b>209 S.W. 15TH STREET FT LAUDERDALE, FL 33315</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04042007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>59-2206440</b>	Applied For <input type="checkbox"/> Not Apply
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>RAMCHARRAN, RONALD 209 SW 15TH STREET FT LAUDERDALE, FL 33315</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RAMCHARRAN, RONALD 209 S.W. 15TH STREET FT LAUDERDALE, FL 33315		
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Ronald Ramcharran</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/12/07</b> <small>DATE</small> <small>Daytime Phone #</small>	