

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001323

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: RAM ASSET MANAGEMENT, INC.

## Current Principal Place of Business:

1395 BRICKELL AVE.  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

200 US ROUTE ONE, STE. 200  
C/O RAM MANAGEMENT CO., INC.  
SCARBOROUGH, ME 04074

## New Mailing Address:

FEI Number: 01-0462959      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324      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: DPS      ( ) Delete  
Name: GOLDENFARB, HOWARD A.  
Address: 200 US ROUTE ONE, STE. 200  
City-St-Zip: SCARBOROUGH, ME 04074

Title: VP      ( ) Delete  
Name: GAGNE, BRIAN  
Address: 200 US ROUTE ONE, STE. 200  
City-St-Zip: SCARBOROUGH, ME 04074

Title: T      ( ) Delete  
Name: LEEMAN, DENINE  
Address: 200 US ROUTE ONE, STE. 200  
City-St-Zip: SCARBOROUGH, ME 04074

## 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:

I hereby certify that the information supplied with this filing does not qualify 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: DENINE LEEMAN

T

01/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date