


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F13416 1. Entity Name CASTLRAMA CORP.	
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Principal Place of Business 2095 SW GULL HARBOR LANE PALM CITY, FL 34990 US	Mailing Address C/O C.M. CULHANE P. O. BOX 849 JAMESTOWN, NY 14702-0849 US
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06302005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1443948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  VAILLANCOURT, MAUREEN A 2095 SW GULL HARBOR LANE PALM CITY, FL 34990	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MARTIN, JOHN L. JR. WELLINGTON COURT W.E. JAMESTOWN, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VAILLANCOURT, MAUREEN A 2095 SW GULL HARBOR LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WARNER, JANET 2044 ALLEN STREET FALCONER, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000376853  
08/22/05-80005-012 550.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Janet M. Warner JANET M. WARNER 8/15/05 716-665-4420  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #