


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # F13416 1. Entity Name CASTLRAMA CORP.	
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01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1443948	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

VAILLANCOURT, MAUREEN A
2095 SW GULL HARBOR LANE
PALM CITY, FL 34990

**DO NOT WRITE
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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000834475
02/28/08-80055-003 150.00

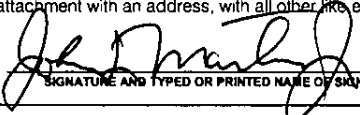
10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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 info empowered.

SIGNATURE:

 **JOHN L MARTIN JR** 2/18/08 716 664 6487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #