2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13416

Entity Name: CASTLRAMA CORP.

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2095 SW GULL HARBOR LANE PALM CITY, FL 34990 US

Current Mailing Address: New Mailing Address:

C/O C.M. CULHANE
P. O. BOX 849

JAMESTOWN, NY 147020849 US

C/O C.M. CULHANE
4453 BAYVIEW ROAD
BEMUS POINT, NY 14712 US

FEI Number: 58-1443948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MARTIN, JOHN L. JR.,
 Name:
 MARTIN, JOHN L JR.

 Address:
 WELLINGTON COURT W.E.
 Address:
 WELLINGTON COURT W.E.

 City-St-Zip:
 JAMESTOWN, NY
 14701

Title: VP () Delete Title: () Change () Addition

 Name:
 VAILLANCOURT, MAUREEN A
 Name:

 Address:
 2095 SW GULL HARBOR LANE
 Address:

 City-St-Zip:
 PALM CITY, FL 34990
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 WARNER, JANET
 Name:
 WARNER, JANET

 Address:
 2044 ALLEN STREET
 Address:
 604 BIG TREE ROAD

 City-St-Zip:
 FALCONER, NY
 City-St-Zip:
 JAMESTOWN, NY 14701

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: MAUREEN A VAILLANCOURT VP 01/13/2009