

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # F93000002171	
1. Entity Name RESEARCH ANALYSIS AND MAINTENANCE, INC.	
Principal Place of Business 9440 VISCOUNT BLVD SUITE 200 EL PASO, TX 79925 US	Mailing Address 9440 VISCOUNT BLVD SUITE 200 EL PASO, TX 79925 US



04302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 74-2237532	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KLATT, MICHAEL 3310 CHERRY STREET COCOA, FL 32926	DO NOT WRITE IN THIS SPACE
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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 \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD WALDRON, SHARON M 9440 VISCOUNT BLVD, SUITE 200 EL PASO, TX 79925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALDRON, WILSON R 9440 VISCOUNT BLVD, SUITE 200 EL PASO, TX 79925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WALDRON, SHANNON 9440 VISCOUNT BLVD SUITE 200 EL PASO, TX 79925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELSH, JOHN JR. 6070 GATEWAY E., SUITE 102 EL PASO, TX 79936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/25/07-80048-009 150.00

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 like empowered.

SIGNATURE	SHARON M WALDRON	4/30/07	(915) 592-7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #