2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 04, 2004 8:00 am Secretary of State DOCUMENT # H68773 1. Entity Name 02-04-2004 90080 046 ***150.00 RAM INTERNATIONAL, INC. Principal Place of Business Mailing Address 2879 DEER HOUND WAY PALM HARBOR FL 34683 2879 DEER HOUND WAY PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State Applied For 4. FEI Number 59-2566537 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SALLADIN, ANTHONY D Street Address (P.O. Box Number is Not Acceptable) 2879 DEER HOUND WAY PALM HARBOR FL 34683 City Zip Code 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PTD TITLE □ Delete TITLE Change ☐ Addition STOVER, MICHAEL J. NAME NAME 2175 CHAPARRAL WAY STREET ADDRESS STREET ADDRESS DUNEDIN FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE TITLE □ Addition SALLADIN, ANTHONY D NAME NAME STREET ADDRESS 2879 DEER HOUND WAY STREET ADDRESS PALM HARBOR FL 34683 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change ☐ Addition NAME SWAN, DAVID SUTJR: "" NAME --STREET ADDRESS 2364 SUNSET POINT RD STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33765** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TIT! F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attackment with an address, with all other like empowered. ANTHONY DSALADIN 1/29/04 727-733-6953

FILED