FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90032 037 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H68773

1. Entity Name
RAM INTERNATIONAL, INC.

400018978

01052007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
~~2879 DEER HOUND WAY~~	~~2879 DEER HOUND WAY~~
~~PALM HARBOR, FL 3468~~3	~~PALM HARBOR, FL 3468~~3

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2650 Tanglewood TRL	2650 Tanglewood TRL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor FL	City & State: Palm Harbor FL
Zip: 34685 Country	Zip: 34685 Country

4. FEI Number: 59-2566537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALLADIN, ANTHONY D
~~2879 DEER HOUND WAY~~
~~PALM HARBOR, FL 34683~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 2650 Tangle Wood TRL
City Palm Harbor FL Zip Code 34685

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] 1/22/07
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, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST SALLADIN, ANTHONY D ~~2879 DEER HOUND WAY~~ ~~PALM HARBOR, FL 34683~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2650 Tanglewood TRL Palm Harbor, FL 34685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 2/13/07 727-772-9412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #