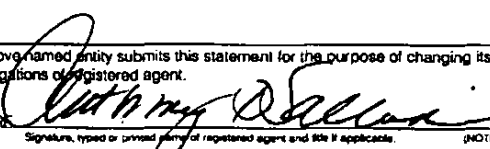
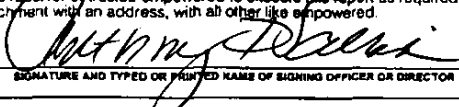


FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90032 037 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H68773		
1. Entity Name RAM INTERNATIONAL, INC.		
Principal Place of Business 2879 DEER HOUND WAY PALM HARBOR, FL 34683		Mailing Address 2879 DEER HOUND WAY PALM HARBOR, FL 34683
2. Principal Place of Business - No P.O. Box # 2650 Tanglewood Trl		3. Mailing Address 2650 Tanglewood Trl
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Palm Harbor FL		City & State Palm Harbor FL
Zip 34685		Zip 34685
Country		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 Tanglewood 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:  DATE: 1/22/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		
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
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:  DATE: 2/13/07 727-772-9412 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		