## FILED May 10, 2007 ( Secretary of

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

Melling Address of Core CRRA PRIVE SUFE COPE CORP. PRIVE SUFE COPE COPE COPE COPE COPE COPE COPE COP	DOCUN 1. Entity Name TRAMACO						
DO NOT WRITE IN THIS SPACE  4. FEI Number 6. Name and Address of Current Registered Agent  5. The above across denths submit into statement for the purpose of Changing its registered agent, or both, in the State of Portica. I am familiar with, and accept into CAPE CORAL, PL 33904  6. The above across denths submit into statement for the purpose of Changing its registered agent, or both, in the State of Portica. I am familiar with, and accept in the obligations of registered agent.  5. The above across denths submit into statement for the purpose of Changing its registered office or registered agent, or both, in the State of Portica. I am familiar with, and accept in the obligations of registered agent.  5. The above across denths submit in the State of Portica. I am familiar with, and accept in the obligations of registered agent.  5. The above across denths submit in the State of Portica. I am familiar with, and accept in the State of Portica. I am familiar with, and accept in the State of Portica. I am familiar with, and accept in the State of Portica. I am familiar with, and accept in the State of Portica. I am familiar with, and accept in the State of Portica. I am familiar with, and accept in the State of Portica. I am familiar with and accept in the State of Portica. I am familiar with and accept in the State of Portica. I am familiar with and accept in the State of Portica. I am familiar with a second agent in the State of Portica. I am familiar with and the State of Portica. I am familiar with the information accept in the State of Portica. I am familiar with the information accept in the state of Portica. I am familiar with the information accept in the State of Portica. I am familiar with the information accept in the State of Portica. I am familiar with the in	1105 CAPE O SUITE C	ORAL PKWY E	1105 CAPE CORAL PKWY E SUITE C		1 18811911 871 17118 11811 8188	'	
5. Certificate of Status Desired	Ď	O NOT WRITE	IN THIS SPA	CE.	02182007 No Chg	-P CR2E034 (11/05)	
SCHUTT, DARRIN R ESQ 1105 CAPE CORAL, FL 33904  IN THIS SPACE  A. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rocks. I am familiar with, and accept the colligations of registered agent.  SIGNATURE  SIGNATURE  FILE MOWIII FEE IS \$150.00  After May 1, 2007 Fee will the \$550.00  After May 1, 2007 Fee will the \$550.00  TO.  OFFICERS AND DIRECTORS  TO. HAPPO, HEINZ  RAPP, HEINZ  NAME  SIREH ADDRESS OTH-51-2P  CORAL SPRINGS, FL 33065  THE  NAME  SIREH ADDRESS OTH-51-2P  THE  NAME  SIREH ADDRESS OTH-51-2P  TO. STATE OR ADDRESS OTH-51-2P  TO. STATE OR ADDRESS OTH-51-2P  THE  NAME  SIREH ADDRESS OTH-51-2P  TO. STATE OR ADDRESS OTH-51-2P  THE NAME  SIREH ADDRESS OTH-51-2P  TH			Agent Agent			sired S8.75 Additional	
the obligations of registered agent.    SIGNATURE	1105 CAPE SUITE C CAPE COP	DARRIN R ESQ E CORAL PKWY E RAL, FL 33904			IN THIS	SPACE	
Artor May 1, 2007 Fee will be \$350.00  Trust Fund Contribution.  Trust	the obligations of registered agent. U00000764628 U000000764628 U0000000764628 U0000000764628 U0000000764628 U0000000764628 U0000000764628 U000000000764628 U000000000000000000000000000000000000						
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NAME STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  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 unformation indicated on this report or supplemental report 15 inspend 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 of trusted employered. The properties with all or Block 11 if changed, or on an attachment with paraddgess with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP	SCHMIDT, ELARD 3111 UNIVERSITY DR., SUITE 72	5-7				
STREET ADDRESS CITY-ST-ZIP  ITILE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 suppliermental report Tis true-end 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 trusted 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.	NAME STREET ADDRESS				***	WRITE	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 employered 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.	NAME STREET ADDRESS CITY-ST-ZIP				INTHIS	SPACE	
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