


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000010191</b> 1. Entity Name RAMIAH MISSIONS, INC.	
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Principal Place of Business 115 E. GRANADA BLVD, SUITE 1 ORMOND BEACH, FL 32176	Mailing Address 115 E. GRANADA BLVD, SUITE 1 ORMOND BEACH, FL 32176
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05092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 06-1758106	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  MASBAD, RAYMOND F 13 WOODFORD LN. PALM COAST, FL 32164
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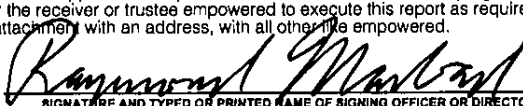
**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$61.25 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000764530 05/30/07-80065-023 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MASBAD, RAYMOND R 13 WOODFORD LN. PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLENWOOD, JORDAN 21 GRAY DAPPLE WAY ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIQUEZ, BERNADETTE 65 PRATTWOOD LN. PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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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 617, 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.	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>05-09-07</b> <small>Date Daytime Phone #</small>