

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000067332

Entity Name: RAMSES, INC.

FILED
Jul 28, 2006
Secretary of State

Current Principal Place of Business:

10464 PHILIPS HWY, #204
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10464 PHILIPS HWY, #204
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3658410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOKA, KAMAL Z
10464 PHILIPS HWY, #204
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOKA, KAMAL Z
Address: 10464 PHILLIPS HIGHWAY SUITE 204
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: ABSKHARON, NAGEH Y
Address: 10464 PHILLIPS HIGHWAY, SUITE 204
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: BESHARA, ADEL Z
Address: 10631 CROOKED TREE CT
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADEL BESHARA

VP

07/28/2006

Electronic Signature of Signing Officer or Director

Date