2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P03000048306

Entity Name: RAM NUTRITION AND WEIGHT LOSS, INC.

Current Principal Place of Business:

1405 SE GOLDTREE DR., SUITE C
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

1713 NW. FEDERAL HWY
STUART, FL 34994

Current Mailing Address:

1405 SE GOLDTREE DR., SUITE C
PORT ST. LUCIE, FL 34952

New Mailing Address:

1713 NW FEDERAL HWY
STUART, FL 34994

FEI Number: 02-0690723 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLEIN, STUART B ESQ.
1551 FORUM PL., SUITE 400B
W. PALM BCH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: RAM, LEONARD
Address: 1405 SE GOLDTREE DR., SUITE C
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: RAM, LEONARD
Address: 1713 NW FEDERAL HWY
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEONARD RAM PRES 01/05/2005

Electronic Signature of Signing Officer or Director — Date