


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90032 040 \*\*\*150.00

DOCUMENT # P03000088405		
1. Entity Name KINGRAM, INC.		
Principal Place of Business 26440 SW 122ND AVENUE NARANJA, FL 33032	Mailing Address 26440 SW 122ND AVENUE NARANJA, FL 33032	

00001000



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2121059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RAMKISSOON, KATHLEEN  
 26440 SW 122ND AVENUE  
 NARANJA, FL 33032

**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: KATHLEEN RAMKISSOON Kathleen Ramkisson 2/14/06  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)) DATE

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RAMKISSOON, KATHLEEN
STREET ADDRESS	26440 SW 122ND AVENUE
CITY-ST-ZIP	NARANJA, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: KATHLEEN RAMKISSOON Kathleen Ramkisson 2/14/06 305-258-3128  
REMAINDER AND TYPED OR PRINTED NAME OF ALL OTHER OFFICERS OR DIRECTORS