2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # P03000115286** 1. Entity Name RAMSINGH HOLDINGS, INC. 04-03-2006 90365 005 ***150.00 Principal Place of Business Mailing Address 11966 SW 102 TER 13601 SW 143 CT 103 MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address 3601 SW 143 Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E034 (11/05) Chg-P Applied For 4. FEI Number City & State City & State 20-0330656 Not Applicable W Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEUDIAL, RAMSINGH P Street Address (P.O. Box Number is Not Acceptable) 11966 SW 102 TER MIAMI, FL 33186 City Zip Code 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 . (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 1S \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition RAMSINGH, SEUDIAL P NAME NAME 11966 SW 102 TER STREET ADDRESS STREET ADDRESS CITY-ST-7IP MIAMI, FL 33186 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TTLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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, Plorida 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.

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