2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State DOCUMENT # P03000127839 04-28-2008 90357 035 ***150.00 1. Entity Name RICK WARRAM, INC. Principal Place of Business Mailing Address 7417 S TULIP TREE 16256 QUESA DR PUNTA GORDA, FL 33955 PUNTA GORDA, FL 33955 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 16256 QUESA Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 CR2E034 (12/06) City & State City & State Applied For 4. FEI Number UNTA GORDA 20-0404869 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Charlotte Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WARRAM, RICK ALLAN Street Address (P.O. Box Number is Not Acceptable) 16256 QUESA DR PUNTA GORDA, FL 33955 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RICK, WARRAM NAME STREET ADDRESS 16256 QUESA DR STREET ADDRESS PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 it 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 AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED