


**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED
Nov 19, 2007 8:00 A.M.
Secretary of State

DOCUMENT # P04000002188 1. Entity Name RAM PEAT, INC.					
Principal Place of Business 4665 US 27 SOUTH SEBRING, FL 33870			Mailing Address 4665 US 27 SOUTH SEBRING, FL 33870		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0496028	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
\$8.75 Additional Fee Required				10232007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent KANNENSOHN, JEFFREY S 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				100112393071 11/19/07--01013--009 **122.50	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TUBBS, RAYMOND A 4665 US 27 SOUTH SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDEC, LISA 4700 BEAR RD SEBRING, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TUBBS, MICHAEL L 4665 US 27 SOUTH SEBRING, FL 33870	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 line empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 12/31/07 Daytime Phone #: 363-337-2013		