2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000009548

Entity Name: R.A.T. MANAGEMENT, INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2199 BERKLEY WAY 2199 BERKLEY WAY

LEHIGH ACRES, FL 33071 LEHIGH ACRES, FL 33071 US

Current Mailing Address: New Mailing Address:

2199 BERKLEY WAY 2199 BERKLEY WAY

LEHIGH ACRES, FL 33071 LEHIGH ACRES, FL 33071 US

FEI Number: 25-1675542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THOMA, RICHARD A
6428 DUNNBERRY LANE
NAPLES, FL 34119 US
THOMA, RICHARD A
6428 DUNBERRY LANE
NAPLES, FL 34119 US

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: RICHARD A. THOMA 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD () Delete Title: DPT (X) Change () Addition

 Name:
 THOMA, RICHARD A
 Name:
 THOMA, RICHARD A

 Address:
 6428 DUNNBERRY LANE
 Address:
 6428 DUNBERRY LANE

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34119 US

Title: VD () Delete Title: DV (X) Change () Addition

 Name:
 THOMA, TODD
 Name:
 THOMA, TODD

 Address:
 2968 W 12TH ST
 2968 W 12TH ST

 City-St-Zip:
 ERIE, PA 16505
 City-St-Zip:
 ERIE, PA 16505 US

Title: () Delete Title: DGM () Change (X) Addition

 Name:
 Name:
 GARD, STEVE

 Address:
 Address:
 2199 BERKLEY WAY

 City-St-Zip:
 City-St-Zip:
 LEHIGH ACRES, FL 33071 US

Title: () Delete Title: S () Change (X) Addition

 Name:
 Name:
 THOMA, VIVIAN L

 Address:
 Address:
 6428 DUNBERRY LANE

 City-St-Zip:
 City-St-Zip:
 NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RICHARD A. THOMA DPT 04/29/2008