

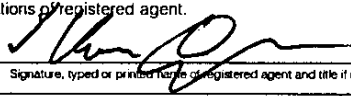
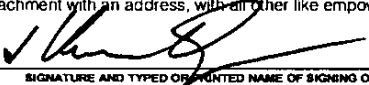


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000120266 1. Entity Name RAGNAR CAPITAL, INC.					
Principal Place of Business 510 BELMONT PLACE BOYNTON BEACH, FL 33437			Mailing Address 510 BELMONT PLACE BOYNTON BEACH, FL 33437		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6599 LAWRENCE WOODS CT			
City & State City & State LAKK WORTH FL		City & State City & State LAKK WORTH FL		4. FEI Number 20-3777753	
Zip 33462		Zip 33462		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EASTHAM, JOHN K 128 WEST PALMETTO ROAD BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name KLAUS P. WYERS Street Address (P.O. Box Number is Not Acceptable) 1079 KOKOMO KEY LANE City DELRAY BEACH FL Zip Code 33483	
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: 				DATE: 2/6/06	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES KLAUS P WYERS 1079 KOKOMO KEY LANE DELRAY BEACH FL 33483	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC + TRS KLAUS P. WYERS 1079 KOKOMO KEY LANE DELRAY BEACH FL 33483	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33483	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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 another like empowered.					
SIGNATURE: 				DATE: 2/6/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

FILED
06 FEB 21 AM 10:12
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

T Roberts FEB 22 2006

60006878466
03/01/06--01008--006 **300.00