2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 16, 2006 8:00 am Secretary of State **DOCUMENT # P05000015723** 1. Entity Name RAMUNE CRUZ, INC. 04-24-2006 90345 017 ***150.00 Principal Place of Business Mailing Address 280 CELEBRATION BLVD. 280 CELEBRATION BLVD. **CELEBRATION, FL. 34747** CELEBRATION, FL. 34747 3. Malling Address 41 BLAKE 2. Principal Place of Business YI BLAKE BLUD BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 03202006 Chg-P CR2E034 (11/05) CELEBRATION, FL 4. FEI Number 35 7288 Applied For City & State CELEBRATION , FL Not Applicable Country \$8.75 Additional Fee Required 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMUNE CRUZ CRUZ, RAMUNE Street Address (P.O. Box Number is Not Acceptable) 280 CELEBRATION BLVD. BLAKE BLUD CELEBRATION, FL 34747 CITY CELEBRATION 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 familia the obligations of registered agent. PACITE: Received Agent economics serviced when construct \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Oelete TITLE TILE CRUZ. RAMUNE NAME MAME STREET ADORESS STREET ADDRESS 280 CELEBRATION BLVD. STE. 112 CITY-ST-ZP CITY-ST-ZP CELEBRATION, FL 34747 TITLE Addition Detete Chance TITLE NAME CRUZ, RAMUNE NAME 280 CELEBRATION BLVD. STE 112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CELEBRATION, FL 34747 CITY-ST-ZP ☐ Chance ☐ Addition Detete TITLE NAME CRUZ, RAMUNE NAME 280 CELEBRATION BLVD. STE.112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CELEBRATION, FL 34747 CITY-ST-7/P ☐ Addition ☐ Change Delete TITLE TITLE CRUZ, RAMUNE NAME NAME STREET ADDRESS 280 CELEBRATION BLVD. STE.112 STREET ADDRESS CITY-ST-ZIP CELEBRATION, FL 34747 CITY-ST-ZP ☐ Addition THE ☐ Ceteto TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CITY-ST-ZIP C Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-7P CITY-ST-ZP 12. I hereby certify that the information supplied with this fiting 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 eccurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of 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: 🛴

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