


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90032 001 \*\*\*150.00

<b>DOCUMENT # P05000059765</b>	
1. Entity Name <b>RAM CARPETS, INC.</b>	

Principal Place of Business <b>3150 NE 36TH AVENUE LOT 381 OCALA, FL 34479</b>	Mailing Address <b>3150 NE 36TH AVENUE LOT 381 OCALA, FL 34479</b>
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01052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business <b>3150 NE 36TH AVE Suite, Apt. #, etc. LOT 382 City &amp; State OCALA, FL Zip 34479 Country U.S.</b>	3. Mailing Address <b>3150 NE 36TH AVE Suite, Apt. #, etc. LOT 382 City &amp; State OCALA, FL Zip 34479 Country U.S.</b>
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4. FEI Number <b>20-2728034</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>MEIER, RONALD 3150 NE 36TH AVENUE LOT 381 OCALA, FL 34479</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEIER, RONALD</b>		NAME <b>Ronald Meier</b>	
STREET ADDRESS <b>3150 NE 36TH AVENUE, LOT 381</b>		STREET ADDRESS <b>3150 NE 36TH AVE, LOT 382</b>	
CITY-ST-ZIP <b>OCALA, FL 34479</b>		CITY-ST-ZIP <b>OCALA, FL 34479</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEIER, FRANCES</b>		NAME <b>Frances Meier</b>	
STREET ADDRESS <b>3150 NE 36TH AVENUE, LOT 381</b>		STREET ADDRESS <b>3150 NE 36TH AVE, LOT 382</b>	
CITY-ST-ZIP <b>OCALA, FL 34479</b>		CITY-ST-ZIP <b>OCALA, FL 34479</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 like empowered.

SIGNATURE: Ronald Meier Ronald Meier 1/6/06 352 368 1051  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #