2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000130630

Entity Name: LARRAMEE CORPORATION, INC.

FILED Apr 30, 2009 Secretary of State

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

 13451 15TH ST
 5619PASSING PINE LANE

 DADE CITY, FL 33525
 ZEPHRYHILLS, FL 33541

Current Mailing Address: New Mailing Address:

 13451 15TH ST
 5619PASSING PINE LANE

 DADE CITY, FL 33525
 ZEPHRYHILLS, FL 33541

FEI Number: 20-4873687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GILBERTSON, MAUREEN O
13451 15TH STREET
DADE CITY, FL 33525 US
GILBERTSON, MAUREEN O
5619 PASSING PINE LANE
ZEPHRYHILLS, FL 33541 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: 04/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete

 Name:
 GILBERTSON, MAUREEN O

 Address:
 13451 15TH STREET

 City-St-Zip:
 DADE CITY, FL 33525

 Title:
 D
 () Delete

 Name:
 RAULERSON, LARRY

 Address:
 13451 15TH STREET

 City-St-Zip:
 DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GILBERTSON, MAUREEN O
Address: 5619 PASSING PINE LANE
City-St-Zip: ZEPHRYHILLS, FL 33541

Title: D (X) Change () Addition

Name: RAULERSON, LARRY
Address: 5619 PASSING PINE LANE
City-St-Zip: ZEPHRYHILLS, FL 33541

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: MAUREEN GILBERTSON D 04/30/2009