## 2007 FOR PROFIT CORPORATION

## Jul 27, 2007 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P06000044369** 07-27-2007 90006 002 \*\*\*158.75 RAMSTAR CORPORATION Principal Place of Business Mailing Address **5304 VENTURA DRIVE** 5304 VENTURA DRIVE DELRAY BEACH, FL 33484 DELRAY BEACH, FL 33484 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07032007 Chg-P CR2E034 (12/06) Applied For City & State 4. FEI Number City & State 56-2568326 Not Applicable Country Country Zip \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REALE, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5304 VENTURA DRIVE DELRAY BEACH, FL 33484 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DRESIDENA ☐ Change Addition TITLE ☐ Delete TITLE Michael Reak NAME NAME 5304 VENTURA DR DOLLARY BUT 33464 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP V.P Administration D TITLE Change Addition TITLE Donio Reale NAME NAME 5304 VENETURA DI DELADO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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12. Thereby certify that the information supplied with this filling 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.

WE OF SIGNING OFFICER OR DIRECTOR

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**FILED**