


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90038 022 \*\*\*150.00

DOCUMENT # P06000070719			
1. Entity Name <b>RAMS LAND CONSULTING CORPORATION</b>			
Principal Place of Business <b>222 US HIGHWAY 1 SUITE 208 TEQUESTA, FL 33469</b>		Mailing Address <b>222 US HIGHWAY 1 SUITE 208 TEQUESTA, FL 33469</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>CHERRY, RICHARD G</b> <b>8409 N MILITARY TRAIL SUITE 123</b> <b>WEST PALM BEACH, FL 33406</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, ROBERT J</b>	NAME	
STREET ADDRESS	<b>222 US HIGHWAY 1 SUITE 208</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOWDEN, RICHARD W</b>	NAME	
STREET ADDRESS	<b>222 US HIGHWAY 1 SUITE 208</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>TEQUESTA, FL 33469</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, MICHAEL J</b>	NAME	
STREET ADDRESS	<b>1568 WATERTOWER RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK, FL 33403</b>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOORE, JEFFREY J</b>	NAME	
STREET ADDRESS	<b>1568 WATERTOWER RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE PARK, FL 33403</b>	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: <u>Robert J Shaw</u>		Date: <u>1/22/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>561-744-5555</u>	



01182007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4948945 Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required