2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000102702

1. Entity Name
RONIN SYSTEMS, INC.

Principal Place of Business	Mailing Address
25 SE OLIVE CIRCLE OCALA, FL 34472	PO BOX 2461 BELLEVIEW, FL 34421

DO NOT WRITE IN THIS SPACE

04242008   No Chg-P   CR2E034 (11/05)

4. FEI Number 32-0179081	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

DUNHAM, LINDA
5507 SE 111TH STREET
BELLEVIEW, FL 34420

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	HADDAD, SAMER
STREET ADDRESS	25 SE OLIVE CIRCLE
CITY-ST-ZIP	OCALA, FL 34472

TITLE	
NAME	
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05/22/08-80095-009 150.00

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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: _____   4-25-08   352-5920087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #