2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2007 8:00 am
Secretary of State
04-19-2007 90413 046 ***150.00

DOCUMENT # P06000113908

1. Entity Name
R.A.M. PUBLISHING HOUSE INC.

Principal Place of Business	Mailing Address
1414 33RD ST SE RUSKIN FL 33570	1414 33RD ST SE RUSKIN FL 33570

1st MOORE CR2E034 (10/06)

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

4. FEI Number 51 0599 508 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOFFA, ROBERT A 1414 33RD ST SE RUSKIN FL 33570	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 Robert A. Moffa DATE March 31, 07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE $ $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOFFA, ROBERT A 1414 33RD ST SE RUSKIN FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRADBURN, MARY 11402 TUCKER RD RIVERVIEW FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☒ Change ☐ Addition Mary R. Grumbly 33567 4501 Cameron Rd, Plant City FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MOFFA, MERCEDES A 1414 33RD ST SE RUSKIN FL 33570	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Robert A. Moffa March 31, 07 813 641-2513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #