

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000131937

**FILED**  
**Feb 27, 2008**  
**Secretary of State**

**Entity Name:** RAMSTAR SELECT DEVELOPMENTS, INC.

**Current Principal Place of Business:**

14961 HOLE-IN-ONE CIRCLE, PH 2  
FORT MYERS, FL 33919

**New Principal Place of Business:**

14811 REFLECTION KEY CIR  
SUITE 136  
FORT MYERS, FL 33907

**Current Mailing Address:**

14961 HOLE-IN-ONE CIRCLE, PH 2  
FORT MYERS, FL 33919

**New Mailing Address:**

3800 STEELES AVE. WEST  
SUITE 204W  
WOODBIDGE, ON L4L4G9 CA

**FEI Number:** 41-2227512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICE, J. JEFFREY  
1515 BROADWAY  
FORT MYERS, FL 33901 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: NICOLUCCI, ROY L  
Address: 14961 HOLE-IN-ONE CIRCLE, PH 2  
City-St-Zip: FORT MYERS, FL 33919

Title: STD ( ) Delete  
Name: NICOLUCCI, ROSANNA  
Address: 46 CROFTERS RD  
City-St-Zip: WOODBRIDGE, ONTARIO L4L 7C7, CA

Title: V ( ) Delete  
Name: NICOLUCCI, ANDREW  
Address: 46 CROFTERS RD  
City-St-Zip: WOODBRIDGE, ONTARIO L4L 7C7, CA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: NICOLUCCI, ROY L  
Address: 14811 REFLECTION KEY CIR, SUITE 136  
City-St-Zip: FORT MYERS, FL 33907

Title: STD (X) Change ( ) Addition  
Name: NICOLUCCI, ROSANNA  
Address: 46 CROFTERS RD  
City-St-Zip: WOODBRIDGE, ON L4L7C7 CA

Title: V (X) Change ( ) Addition  
Name: NICOLUCCI, ANDREW  
Address: 46 CROFTERS RD  
City-St-Zip: WOODBRIDGE, ON L4L7C7 CA

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:** ROY NICOLUCCI

**PRES**

**02/27/2008**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date