


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90106 001 ***408.75
 07-05-2005 90111 018 ***150.00

DOCUMENT # P31554
 1. Entity Name
RITRAMA, INC.



Principal Place of Business
**800 KASOTA AVENUE, SOUTHEAST
 MINNEAPOLIS, MN 55414**

Mailing Address
**800 KASOTA AVENUE, SOUTHEAST
 MINNEAPOLIS, MN 55414**

60003400

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



06302005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

4. FEI Number
41-0846790

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

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 _____
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
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C RINK, THOMAS F 800 KASOTA AVENUE, S.E. MINNEAPOLIS, MN 55414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANZAI, DARYL K 800 KASOTA AVENUE, S.E. MINNEAPOLIS, MN 55414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO ROSSI, GIANCARLO 800 KASOTA AVE. SE MINNEAPOLIS, MN 55414 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSSI, GIANCARLO 800 KASOTA AVENUE, S.E. MINNEAPOLIS, MN 55414 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RINK, RICARDO 800 KASOTA AVE S.E. MINNEAPOLIS, MN 55414 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MARAOLAIS, MISHELLE 800 KASOTA AVE S.E. MINNEAPOLIS, MN 55414 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO Antonio Scotti 900 Kasota Ave SE Minneapolis MN 55414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Antonio Scotti 900 Kasota Avenue SE Minneapolis MN 55414 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARSOLAIS, MICHELLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mishelle Marcolais **Mishelle Marcolais** 6-30-05 612-378-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #