

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90739 039 ***150.00

DOCUMENT # P92000006528
1. Entity Name
THE RAM REALTY GROUP, INC.

DO NOT WRITE IN THIS SPACE

80062062

2. Principal Place of Business 6352 Shadow Creek Village Circle Suite, Apt. #, etc.		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Lake Worth, FL 33463		City & State	
Zip 33463	Country U.S.A.	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0371543	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Kenneth E. Forman
Street Address (P.O. Box Number is Not Acceptable) 6352 Shadow Creek Village Circle
City Lake Worth FL Zip Code 33463

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.

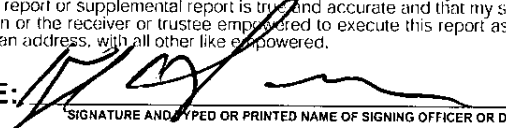
SIGNATURE **Kenneth E. Forman, President** DATE **March 26, 2002**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORMAN, KENNETH E. 6352 Shadow Creek Village Circle Lake Worth, FL	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Kenneth E. Forman** 3/26/2002 561-963-3719
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #