


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P92000006528</b> 1. Entity Name <b>THE RAM REALTY GROUP, INC.</b>	
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FILED  
05 JUL 29 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>6352 SHADOW CREEK VILLAGE CR LAKE WORTH, FL 33463 US</b>	Mailing Address <b>6352 SHADOW CREEK VILLAGE CR LAKE WORTH, FL 33463 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07262005	Chg-P	CR2E034 (10/03)
4. FEI Number <b>65-0371543</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	
<b>FORMAN, KENNETH E 6352 SHADOW CREEK VG CR LAKE WORTH, FL 33463</b>	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">PD <b>FORMAN, KENNETH E</b> 6352 SHADOW CREEK VG CR LAKE WORTH, FL</td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;">VPT <b>MILLER, DEBORAH</b> 6352 SHADOW CREEK VILLAGE CR LAKE WORTH, FL 33463</td> <td style="text-align: right; padding: 5px;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="text-align: right; padding: 5px;"><input type="checkbox"/> Delete</td> </tr> </table>	PD <b>FORMAN, KENNETH E</b> 6352 SHADOW CREEK VG CR LAKE WORTH, FL	<input type="checkbox"/> Delete	VPT <b>MILLER, DEBORAH</b> 6352 SHADOW CREEK VILLAGE CR LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11													
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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:** *Kenneth E. Forman*, President      Date: 7/26/05      Daytime Phone #: 561-983-5719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR