

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90316 005 ****61.25
06-09-2006 90001 018 ****88.75

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1. Entity Name
THE RAM REALTY GROUP, INC.



Principal Place of Business
**6352 SHADOW CREEK VILLAGE CR
LAKE WORTH, FL 33463 US**

Mailing Address
**6352 SHADOW CREEK VILLAGE CR
LAKE WORTH, FL 33463 US**

50021183



01252006 No Chg-P. CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0371543** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORMAN, KENNETH E
6352 SHADOW CREEK VG CR
LAKE WORTH, FL 33463**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **FORMAN, KENNETH E**
STREET ADDRESS **6352 SHADOW CREEK VG CR**
CITY-ST-ZIP **LAKE WORTH, FL**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH E. FORMAN

4/20/06

561-902-3719

Date

Daytime Phone #