


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000016873

1. Entity Name
THREE RAMS REALTY, INC.



Principal Place of Business 16411 MILLSTONE CIRCLE STE. 303 FORT MYERS, FL 33908	Mailing Address 50 ROXBURY RD GARDEN CITY, NY 11530 US
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01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0734420	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRUMAN, COSTELLO
 12670 NEW BRITTANY BLVD.
 SUITE 101
 FORT MYERS, FL 33907**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV SPROTTE, ROBERT M 50 ROXBURY RD GARDEN CITY, NY 11530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SPROTTE, ANN MARIE 737 EAST GULF DRIVE, A4 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPROTTE, JEFFREY 76 LONGRIDGE ROAD PLAN DOME, NY 11030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPROTTE, KURT 150 KILBURN RD GARDEN CITY, FL 11530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPROTTE, ROBERT D 133 HAMPTON ROAD GARDEN CITY, NY 11530
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000205038
 01/31/05-80027-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ann Marie Sprotte 1-28-05 516 747 7073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #