


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90291 021 ***150.00

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

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

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

City & State
 Zip Country

01232006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0734420 Applied For
 Not Applicable

5. Certificate of Status Desired **\$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

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPROTTE, ROBERT M			NAME			
STREET ADDRESS	50 ROXBURY RD			STREET ADDRESS			
CITY-ST-ZIP	GARDEN CITY, NY 11530			CITY-ST-ZIP			
TITLE	DST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPROTTE, ANN MARIE			NAME			
STREET ADDRESS	737 EAST GULF DRIVE, A4			STREET ADDRESS			
CITY-ST-ZIP	SANIBEL, FL 33957			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPROTTE, JEFFREY			NAME			
STREET ADDRESS	76 LONGRIDGE ROAD			STREET ADDRESS			
CITY-ST-ZIP	PLAN DOME, NY 11030			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPROTTE, KURT			NAME			
STREET ADDRESS	150 KILBURN RD			STREET ADDRESS			
CITY-ST-ZIP	GARDEN CITY, FL 11530			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SPROTTE, ROBERT D			NAME			
STREET ADDRESS	133 HAMPTON ROAD			STREET ADDRESS			
CITY-ST-ZIP	GARDEN CITY, NY 11530			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Ann Marie Sprotte 4-7-06 239 472 3930
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #