
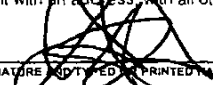


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90073 004 \*\*\*150.00

<b>DOCUMENT # P96000094610</b> 1. Entity Name <b>RAM DEVELOPMENT COMPANY</b>					
Principal Place of Business <b>3399 PGA BLVD STE 450 PALM BEACH GARDENS, FL 33410 US</b>			Mailing Address <b>3399 PGA BLVD STE 450 PALM BEACH GARDENS, FL 33410 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0711144</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PETER D. CUMMINGS ASSOCIATION 3399 PGA BLVD STE 450 PALM BEACH GARDENS, FL 33410</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CUMMINGS, PETER D 3399 PGA BLVD STE 450 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Florian, John 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CUMMINGS, KEITH L 3399 PGA BLVD STE 450 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Geller, Karen D. 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTV DEAN, DAVID A 3399 PGA BLVD STE 450 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Gordo, Ernesto 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GREANER, IVY G 3399 PGA BLVD STE 450 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Hammon, Michael R. 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EV HAMOR, ROBERT H 3399 PGA BLVD SUITE 450 PALM BEACH GARDENS, FL 33410</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Mann, Uri P. 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ENGLISH, BETTY 3399 PGA BLVD STE 450 PALM BEACH GARDENS, FL 33410</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Skinner, Robert M. 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> 			<b>David A. Dean</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>1/23/06</b> Daytime Phone # <b>561 630-6110</b>		

# ATTACHMENT

40008055

#P96000094610

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #P96000094610  
RAM DEVELOPMENT COMPANY

(CONTINUATION OF ITEMS 10 AND 11)

10.	OFFICERS & DIRECTORS	DELETE	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	CHANGE	ADDITION
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Serrin, Todd 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410		<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Tjarsken-Roussos, Susan 3399 PGA Blvd., Suite 450 Palm Beach Gardens, FL 33410		<input checked="" type="checkbox"/> Addition