


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90195 043 ***150.00

DOCUMENT # P96000103972 1. Entity Name RANMAR DEVELOPMENT, INC.	
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Principal Place of Business 12645 RACE TRACK RD TAMPA, FL 33626 US	Mailing Address PO BOX 1175 OLDSMAR, FL 34677 US
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00004004



03282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3424487	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

**MEARS, RANDY
12645 RACE TRACK RD
TAMPA, FL 33626**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEARS, RANDY 12645 RACE TRACK RD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHEELER, KATHY 12645 RACE TRACK RD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIPERA, JON 12645 RACE TRACK ROAD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINOVICH, MELVIN 12645 RACE TRACK ROAD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Kathy Wheeler **Kathy Wheeler V.P.** 4-29-08 813-854-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #