
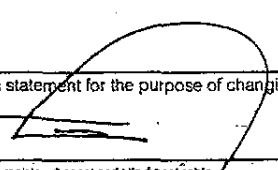
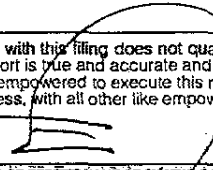


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000046168		
1. Entity Name RAM COMPUTERS WHOLESALE, INC.		
Principal Place of Business 8570 PHILLIPS HWY 115 JACKSONVILLE, FL 32256		Mailing Address 8570 PHILLIPS HWY 115 JACKSONVILLE, FL 32256
<div style="text-align: right;"> 04122006 No Chg-P CR2E034 (11/05) </div>		
4. FEI Number 59-3450363		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GUERRA, TRAVIS E 8570 PHILLIPS HWY SUITE 115 JACKSONVILLE, FL 32256		
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) Signature, typed or printed name of registered agent and title if applicable. DATE: 4-12-06		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PD	
NAME	GUERRA, TRAVIS	
STREET ADDRESS	3401 CHOKEBERRY CT	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	D	
NAME	KILGORE, DR. M. II	
STREET ADDRESS	12904 BAY PLANTATION DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	D	
NAME	KILGORE, CHERYL A	
STREET ADDRESS	12904 BAY PLANTATION DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	D	
NAME	GUERRA, EUGENE	
STREET ADDRESS	1123 W RIDGE RD	
CITY-ST-ZIP	FERGUSON, NC 28624	
TITLE	D	
NAME	GUERRA, CYVETTE	
STREET ADDRESS	1123 W RIDGE RD	
CITY-ST-ZIP	FERGUSON, NC 28624	
TITLE	VTSD	
NAME	CASTEEL, JAMES E	
STREET ADDRESS	11333 LANDING ESTATES DR	
CITY-ST-ZIP	JACKSONVILLE, FL 32257	
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: 		4-12-06 9043343770 Date Daytime Phone #



U00000508249
04/28/06-80038-010 150.00