2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 08:00 A Secretary of State DOCUMENT # P97000098655 AHSRAM, INC. Principal Place of Business Mailing Address 325 N CALHOUN ST 325 N CALHOUN ST TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 No Chg-P CR2E034 (11/05) 02022007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3482113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYONS, DOUGLAS S DO NOT WRITE 2934 GOLDEN EAGLE DR TALLAHASSEE, FL 32312 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LYONS, DOUGLAS NAME 325 N CALHOUN ST STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32301 05/09/07-80099-023 150.q0 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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.

City-St-7IP

SIGNATURE: 4-24-07
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Dayline Phone #