

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000075523

Entity Name: R.A.M. SOLUTIONS, INC.

FILED
Feb 27, 2007
Secretary of State

Current Principal Place of Business:

3105 W. WATERS AVE.
SUITE 212
TAMPA, FL 33614

New Principal Place of Business:

3105 W. WATERS AVE.
SUITE 214
TAMPA, FL 33614

Current Mailing Address:

3105 W. WATERS AVE.
SUITE 212
TAMPA, FL 33614

New Mailing Address:

3105 W. WATERS AVE.
SUITE 214
TAMPA, FL 33614

FEI Number: 59-3530025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSINEO, CHRISTINA
8905 ANNA MARIA WAY
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MESSINEO, CHRISTINA
Address: 8905 ANNA MARIA WAY
City-St-Zip: ODESSA, FL 33556

Title: CEO () Delete
Name: MESSINEO, ROBERT
Address: 8905 ANNA MARIA WAY
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MESSINEO

CEO

02/27/2007

Electronic Signature of Signing Officer or Director

Date