2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 8:00 am **ANNUAL REPORT DOCUMENT # P99000068593** Secretary of State 1. Entity Name 05-02-2005 90759 001 *1.270.00 RAMSY HOLDING CORP. Principal Place of Business Mailing Address 11800 28TH ST. N. 11800 28TH ST. N. 000124~~ SAINT PETERSBURG, FL 33716 SAINT PETERSBURG, FL 33716 CR2E034 (10/03) 03022005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3623399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAMILLO, JOSEPH DO NOT WRITE 11800 28TH ST. N. SAINT PETERSBURG, FL 33716 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SD CAMILLO, JOSEPH NAME STREET ADDRESS 11809 28TH N. CITY-ST-ZIP SAINT PETERSBURG, FL 33716 PD TITI F WILKINSON, PAMELA STREET ADDRESS 11800 28TH ST N. CITY-ST-ZIP SAINT PETERSBURG, FL 33716 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Joseph Camille / Secretary

18/2005 PM. 727-365-8825

FILED