2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P07000016276

Entity Name: ASSET RESOLUTION MANAGEMENT INC.

Current Principal Place of Business:

4582 WOODWIND DRIVE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

PO BOX 5796
DESTIN, FL 32540

New Mailing Address:

FEI Number: 20-8368135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODSON, THOMAS L PRES
4582 WOODWIND DRIVE
DESTIN, FL 32541 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: DP ( ) Delete
Name: GOODSON, THOMAS L
Address: 4582 WOODWIND DRIVE
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete
Name: GOODSON, THOMAS D
Address: 4582 WOODWIND DRIVE
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete
Name: GOODSON, CARL V
Address: 4582 WOODWIND DRIVE
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete
Name: GOODSON, JOSEPH K
Address: 4582 WOODWIND DRIVE
City-St-Zip: DESTIN, FL 32541

Title: ST ( ) Delete
Name: GOODSON, NANCY J
Address: 4582 WOODWIND DRIVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GOODSON, THOMAS L PRES
Address: 4582 WOODWIND DRIVE
City-St-Zip: DESTIN, FL 32541

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

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

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 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: THOMAS LEE GOODSON PRES 03/23/2009

Electronic Signature of Signing Officer or Director — Date