## 2007 NOT-FOR-PROFIT CORPORATION

## **FILED** Jul 27 2007 8:00 am

ANNUAL REPORT								Secretary of State						
DOCUMENT # N99000004935  1. Entity Name RESOURCE DEPOT, INC.									o7-27-2					
INVESTMENT LANE 3560 INVI SUITE 103 SUIT			Aailing Address INVESTMENT LANE 3560 SUITE 103 RIVIERA BEACH, FL 33404 U				3 V =						II (H)	
2. Principal P	) Ihve	ness - No P.O. Box #		iling Address — 3560 IM site, Apt. # etc. # 103	vest	ment	Lane	07242007	Chg-NF		CR2E	037 (12/0	6)	
City's State Riviera Beh, FC				Riviera Bch			,FL a.		er i4759			<u> </u>		lied For Applicable
<del>2</del> 334		Country	Ziţ	99404	Cou	untry	7	5. Certificate				\$8.75 Fee Rec		ional
	6. Name	and Address of Current F	Register	ed Agent		Name		7. Name and	1 Address o	of New Re	gistered	I Agent		
MOYLE, F 625 N FLA 9TH FLOC	GLER DR	, KATZ, KOLINS, ET . R	AL				ddress (I	P.O. Box Numb	er is Not Ad	ceptable	)			
		H, FL 33401				City						- Tzin	Code	·
											F	<u> </u>		
	named entititions of regist	y submits this statement for tered agent.	r the purp	ose of changing its	register	red office o	r register	ed agent, or bo	oth, in the St	tate of Flo	rida. Iar	n familiar v	with, a	nd accept
,	•	•												
SIGNATURE		or printed name of registered agent a	and title if app	plicable. (NOT	E: Registere	ed Ageni signat	ure required	when reinstating)			DATE			<del></del>
	Signature, typed	e is \$61.25	and title if app	plicable. (NOT)  9. Election Car  Trust Fund (	npaign F	Financing	ture required	when reinstating) \$5.00 May I Added to Fees			ke che	ck payab		
D <sub>1</sub>	Signature, typed	e is \$61.25 otember 14, 2007		9. Election Car Trust Fund (	npaign F Contribut	Financing tion.		\$5.00 May I Added to Fees		Flori	ake che da Depa	ck payab artment c	of Sta	ite
	Signature, typed	e is \$61.25		9. Election Car Trust Fund (	npaign F	Financing tion.		\$5.00 May I		Flori	ake che da Depa	ck payab artment c	of Sta	ite
10.	Filing Fe ue by Sep S WILLIAMS	ne is \$61.25 otember 14, 2007 OFFICERS AND DIR		9. Election Car Trust Fund (	npaign F Contribut 11.	Financing tion. Æ		\$5.00 May I Added to Fees		Flori	ake che da Depa	ck payab artment c	of Sta	i <b>te</b>
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12. I hereby certify that the information supplied with this filling 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 617, 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:

SIGNATURE:

Date

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/640,4000 Deyame Phone 8