2007 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT #406221**

FILED Apr 26, 2007 8:00 am Secretary of State 04-26-2007 90230 032 ***150.00

RESOUR	e CES UNLIMITED, INC						04-20-2007	70230	032 13	0.00	
Principal Place of Business 1250 E HALLANDALE BEACH BLVD STE 300 HALLANDALE, FL 33009 Mailing Address 1250 E HALLANDALE BEACH STE 300 HALLANDALE, FL 33009				SLVD			BRIIN EIIN INNN 11881 IN	 	:	# 16 1 # (201	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04182007	Chg-P	CR2E	034 (12/06)		
City & State		City & State				4. FEI Number 13-3184413			\ \- -	oplied For ot Applicable	
Zip	Country	Zip	Coun	Country		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	legistered	Agent		
NEOTOB	DDENO.			Name							
NESTOR, BRENDA 1250 E HALLANDALE BEACH BLVD STE 300				Street Address (P.O. Box Number is Not Acceptable)							
HALLAND	ALE, FL 33009										
				City				F	L Zip Cod	e	
	named entity submits this statement folions of registered agent.	r the purpose of changing its	register	ed office or re	egister	ed agent, or bo	th, in the State of Flo	orida. Lan	n familiar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E Ragislere	d Agent signature	18Quired	when reinstating)		DATE			
Fili After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campa Trust Fund Cont	_	ncing		00 May Be ed to Fees					
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	ID DIRECTOR	S IN 11	
TITLE	DVST	☐ Delete	TITU	E []	Dire	ector/VP	/S/T		XX Change	Addition	
NAME	LAUNER, BLANCHE S.		NAM								
STREET ADDRESS CHTY-ST-ZIP	1250 E HALLANDALE BEACH B HALLANDALE, FL 33009	EVD STE 300		ET ADORESS -ST-ZIP		·					
TITLE	VCVP	☐ Delete	TITLE		Vice	e Chairm	an/ExVP/AT	/AS	X Khange	☐ Addition	
NAME STREET ADDRESS	COLVIN, MELVIN R 1250 E HALLANDALE BEACH B	1 V/D STE 200	NAM	ET ADDRESS							
CITY-ST-ZIP	HALLANDALE, FL 33009	LVD 31E 300		-ST-ZIP							
TITLE	CFAT	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·			☐ Change	☐ Addition	
NAME	MCGANN, EDWARD T	□ Delete	NAM						change	Addition	
STREET ADDRESS	1250 E HALLANDALE BEACH B	LVD STE 300	STRE	ET ADDRESS							
CITY+ST+ZIP	HALLANDALE, FL 33009		CITY	-ST-ZIP							
FITLE	CEOP	☐ Delete	TITLE	E C	hai	rman/Pre	s/CEO/AT/A	.S	XX Change	☐ Addition	
NAME	NESTOR, BRENDA	LLO OTE OOO	NAM								
STREET ADDRESS : CITY - \$T - ZIP				ET ADDRESS -ST-ZIP							
	TIALEANDALL, TE 33009										
TITLE NAME		Delete	TITLI						☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						ļ	
CITY-ST-ZIP			CITY	-ST-ZIP]	
TITLE		☐ Delete	TITLE	E					☐ Change	Addition	
NAME			NAM								
STREET ADDRESS				ET ADDRESS						j	
CITY-ST-ZIP				-ST-ZIP							
 12. I hereby of indicated 	certify that the information supplied with on this report or supplemental report is	nthis filing does not qualify for strue and accurate and that i	or the exi my signa	emptions con ture shall hav	ntained ve the s	in Chapter 119 same legal effec), Florida Statutes. I et as if made under (i turther ce oath; that	ertify that the it I am an officer	ntormation or director	

indicated on mis report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that if 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Blanche Launer 4/25/07 Date

954-458-4343

Daytime Phone #