

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90094 021 \*\*\*150.00

**DOCUMENT # F00000002135**

1. Entity Name  
**FIRST RESOLUTION MANAGEMENT CORPORATION**



Principal Place of Business      Mailing Address

**4190 LOUGHEED HWY., SUITE 401**      **4190 LOUGHEED HWY., SUITE 401**  
**BURNABY B.C. CANADA, OC**      **BURNABY B.C. CANADA, OC**

**50022580**

2. Principal Place of Business      3. Mailing Address


**2985 VIRTUAL WAY**      **2985 VIRTUAL WAY**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**VANCOUVER, BC**      **VANCOUVER, BC**

Zip      Country      Zip      Country

**V5M 4X7**      **CANADA**      **V5M 4X7**      **CANADA**



02212005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**98-0221505**       Not Applicable

5. Certificate of Status Desired       Additional Fee Required  
**\$8.75**

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS <input type="checkbox"/> Delete	TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODENBUSH, CLAYTON T	NAME	RODENBUSH, CLAYTON T
STREET ADDRESS	4190 LOUGHEED HWY., SUITE 401	STREET ADDRESS	2985 VIRTUAL WAY, SUITE 400
CITY-ST-ZIP	BURNABY B.C. CANADA,	CITY-ST-ZIP	VANCOUVER, BC, CANADA V5M 4X7
TITLE	DV <input type="checkbox"/> Delete	TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH HUGH HEALEY	NAME	KENNETH H. HEALEY
STREET ADDRESS	4190 LOUGHEED HWY., SUITE 401	STREET ADDRESS	2985-VIRTUAL WAY, SUITE 400
CITY-ST-ZIP	BURNABY B.C. CANADA,	CITY-ST-ZIP	VANCOUVER, BC, CANADA V5M 4X7
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *K. H. Healey*      **KENNETH H. HEALEY**      Feb 24, 05      (604)654-6748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #