2007 FOR PROFIT COPPORATION ANNUAL REPORT

DOCUMENT # F00000002135

FIRST RESOLUTION MANAGEMENT CORPORATION



Apr 16, 2007 08:00 A Secretary of State

FILED

Principal Place of Business

2985 VIRTUAL WAY

STE 400 VANCOUVER CANADA, BC v5m-4x7 Mailing Address

2985 VIRTUAL WAY STE 400

VANCOUVER BC, v5m-4x7

03162007

No Chg-P

CR2E034 (11/05)

4. FEI Number 98-0221505

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	ove named entity submits this statement for the pigations of registered agent.	urpose of changing its register			th, in the State of Florida. I am familiar with, al	
SIGNATU	RE	fapplicable (NOTE Registere	d Agent signature	required when reinstating)	DATE	
	FILE NOW!!! FEE IS \$150.00 May 1, 2007 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS		afo to		· 1. 海 · 海点 · 1. 医甲基乙酰乙醇	4 1 1
TITLE	DPS					

NAME RODENBUSH, CLAYTON T 2985 VIRTUAL WAY STE 400 STREET ADDRESS VANCOUVER CANADA, BC v5m 4x7 CITY-ST-ZIP DVT KENNETH HUGH HEALEY NAME STREET ADDRESS 2985 VIRTUAL WAY STE 400 CITY-ST-ZIP VANCOUVER CANADA, BC v5m 4x7 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

04/25/07-80043-011 150.00

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12. I hereby certify that the information supplied with this filing 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 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: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

> Kenneth Healev SIGNATURE AND TYPED OR PRINTED NAME OF IGNING OFFICER OR DIRECTOR

Mar. 27, 2007

(604)654-6748

Daytime Phone #