

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90202 021 ***150.00

DOCUMENT # F05000001967 1. Entity Name RES AMERICA DEVELOPMENTS INC.					
Principal Place of Business 4501 SPICEWOOD SPRINGS ROAD SUITE 1040 AUSTIN, TX 78759				Mailing Address 4501 SPICEWOOD SPRINGS ROAD SUITE 1040 AUSTIN, TX 78759	
2. Principal Place of Business 9050 Capital of Texas Hwy N Suite Apt. #, etc. 390		3. Mailing Address 9050 Capital of Texas Hwy N Suite Apt. #, etc. 390			
City & State Austin TX		City & State Austin TX		4. FEI Number 74-2962985	
Zip 78759		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD. 515 E. PARK AVE. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRYLING, VICTOR J 34369 RAMBLE HILLS FARMINGTON HILLS, MI 48331 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fryling, Victor J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Spelling	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EVANS, BRIAN ROBERT L 4501 SPICEWOOD SPRINGS ROAD AUSTIN, TX 78759 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 9050 Capital of Texas Hwy N, #390 Austin, TX	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BROADHEAD, JASON 4501 SPICEWOOD SPRINGS ROAD AUSTIN, TX 78759 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Jim Kane 9050 Capital of Texas Hwy N, #390 Austin TX 78759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO MATACZNSKI, CRAIG 4501 SPICEWOOD SPRINGS ROAD AUSTIN, TX 78759 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 9050 Capital of Texas Hwy N, #390 Austin TX 78759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLIVER, ANDREW 4501 SPICEWOOD SPRINGS ROAD AUSTIN, TX 78759 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9050 Capital of Texas Hwy N, #390 Austin TX 78759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENNIGH, MARK S FOUR EMBARCADERO CENTER SAN FRANCISCO, CA 94111 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary LAUREL REMINGTON 9050 Capital of Texas Hwy N, #390 Austin TX 78759	
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:			4/28/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
_____			512-708-1538		
_____			Daytime Phone #		