
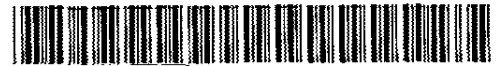


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F28588</b> 1. Entity Name <b>RESNEX, INC.</b>	
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Principal Place of Business <b>10 BAYTREE CRESCENT NORTH YORK, ON M2L 2-3 CA</b>	Mailing Address <b>10 BAYTREE CRESCENT NORTH YORK, ON M2L 2-3 CA</b>
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2133940</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PEACOCK, ROBERT W, JR 315 EAST ROBINSON, STE. #600 LANDMARK CENTRE, BLDG. 1 ORLANDO, FL 32801</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST CRAWFORD, HOWARD 17 WOODMOUNT DR ST CATHARINES, ONT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LABERGE, EARL 10 BAYTREE CRESCENT WILLOWDALE, ONT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REISS, JOSEPH 255 WARREN RD ST CATHARINES, ONT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, HOWARD 17 WOODMOUNT DR ST CATHARINES, ONT.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/20/04-80069-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** E.C. LABERGE Jan 12/04 416/226-4886  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #