2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003
Secretary of State

DOCUMENT# F98000004815

Entity Name: RELATIONAL RESOURCES, INC.

Current Principal Place of Business:

5040 SOUTHSHORE DR
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1810
ELFERS, FL 34680

New Mailing Address:

FEI Number: 58-1935666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, KATHLEEN L
5040 SOUTHSHORE DR
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete
Name: PHILLIPS, KATHLEEN L
Address: 5040 SOUTHSHORE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: CVS ( ) Delete
Name: PHILLIPS, RICHARD G
Address: 5040 SOUTHSHORE DR
City-St-Zip: NEW PORT RICHEY, FL 34680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHLEEN L. PHILLIPS CPT 04/23/2003

Electronic Signature of Signing Officer or Director — Date