2005 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # F99000006221 1. Entity Name RESALEWORLD.COM, INC. Principal Place of Business Mailing Address 906 N PINE HILLS ROAD 906 N PINE HILLS ROAD ORLANDO, FL 32808 ORLANDO, FL 32808 No Chg-P 03302005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 41-1783839 5. Certificate of Status Desired

FILED Apr 08, 2005 08:00 AM Secretary of State

Applied For

\$8.75 Additional

Not Applicable

					Fee Required	
6. Name and Address of Current Registered Agent				,		
DIRUZZA, ED 906 N PINE HILLS ROAD ORLANDO, FL 32808				DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the p tions of registered agent.	urpose of changing its regi	stered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f applicable (NOTE, Rec	istered Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut	inancing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIRUZZA, EDMOND E 906 N PINE HILLS RD ORLANDO, FL 32808		· 		U00000293747 04/08/05-80041-007 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				, <i>Allendric S</i> electories		
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					en e	
TITLE NAME STREET ADDRESS GITY-ST-ZIP					VI) Florida Statutes further certify that the information	

Thereby certify that the information supplied with this limit does not quality for the exemption stated in Section 119,07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accounted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR