

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42528

FILED
Feb 27, 2009
Secretary of State

Entity Name: RESORTS RESEARCH, INC.

Current Principal Place of Business:

10244 DOVEHILL LANE
CLERMONT, FL 34711 US

New Principal Place of Business:

2637 DEBANY ROAD
KISSIMMEE, FL 34744 US

Current Mailing Address:

10244 DOVEHILL LANE
CLERMONT, FL 34711 US

New Mailing Address:

2637 DEBANY ROAD
KISSIMMEE, FL 34744 US

FEI Number: 59-2297042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NONSANT, MARIE L
10244 DOVEHILL LANE
CLERMONT, FL 34711 US

Name and Address of New Registered Agent:

SALLAMY, RONALD P
2637 DEBANY ROAD
KISSIMMEE, FL FL US

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: RONALD SALLAMY

02/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: MOHABIR, TROY P
Address: 2332 ALOHA BAY COURT
City-St-Zip: OCOEE, FL 34761

Title: MR (X) Delete
Name: NONSANT, MARK VP
Address: 10244 DOVEHILL LANE
City-St-Zip: CLERMONT, FL 34711

Title: MRS (X) Delete
Name: NONSANT, MARIE L
Address: 10244 DOVEHILL LANE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR (X) Change () Addition
Name: SALLAMY, RONALD P
Address: 2637 DEBANY ROAD
City-St-Zip: KISSIMMEE, FL 34744 US

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 exemption stated 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 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: RONALD SALLAMY

P

02/27/2009

Electronic Signature of Signing Officer or Director

Date