


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L85840 1. Entity Name RESOURCES FINANCIAL, INC.	
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Principal Place of Business 4793 FOUNTAINS DRIVE LAKE WORTH, FL 33467	Mailing Address 33 TOMPKINS ROAD SCARSDALE, NY 10583
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0215256	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOCHMAN, RONALD S. 777 S. FLAGLER DR. WEST TOWER, SUITE 1002 W. PALM BEACH, FL 33401	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000583412 01/18/07-80014-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SCHAPIRO, RICHARD 33 TOMPKINS RD SCARSDALE, NY 10583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, MARILYN 38 FOREST DR. PLAINVIEW, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, JUDITH 203 HIGH GATE RD. ITHACA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALK, GAIL 603 ELM ST. EXTENSION ITHACA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Richard Schapiro **Richard Schapiro** 1/3/07 (212) 847-5887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #