

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000999

FILED
Mar 28, 2007
Secretary of State

Entity Name: RESOURCES UNLIMITED INTERNATIONAL, INC.

Current Principal Place of Business:

1566 GRACE LAKE CIR.
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1566 GRACE LAKE CIR.
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-3558865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, FREDERICK H ESQ.
LAW OFFICES OF FREDERICK NELSON, P.A.
234 N. WESTMONTE DRIVE, SUITE 3000
ALTAMONTE SPRINGS, FL 32714 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRAVO, MAUREEN C
Address: 1566 GRACE LAKE CIR.
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: ROSS, NANCY
Address: 570 CRANES WAY, #2460
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: SYNAN, RON
Address: 2317 EASTBROOK BLVD
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: JENSON, DAVID
Address: 404 CINNAMON OAK CT.
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAUREEN C. BRAVO

D

03/28/2007

Electronic Signature of Signing Officer or Director

Date