2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0000003105

1319 MENNA STREET

JACKSONVILLE, FL 32205

Address: City-St-Zip: FILED Jan 19, 2009 Secretary of State

Entity Nam	ne: BUSINE	SS RESOURCES OF AMERICA,	INC.		
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
3955 RIVERSIDE AVENUE SUITE 301 JACKSONVILLE, FL 32205					
Current Ma	ailing Addre	ess:	New Mailing Address	New Mailing Address:	
3955 RIVERSIDE AVENUE SUITE 301 JACKSONVILLE, FL 32205					
FEI Number:	59-3617908	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
LEAGUE & JESPERSON, P.A. 3955 RIVERSIDE AVENUE SUITE 100 JACKSONVILLE, FL 32205 US			3955 RIVERSIDE AVE SUITE 100	BARBARA J. LEAGUE, P.A. 3955 RIVERSIDE AVENUE SUITE 100 JACKSONVILLE, FL 32205 US	
The above in the State		submits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: BARBAF	RA JANE LEAGUE		01/19/2009	
	Electro	nic Signature of Registered Ager	nt	Date	
Election Cam	paign Financii	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (LEAGUE, ROI 14536 PLUMO JACKSONVILI	DSA DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ST (LEAGUE, ROS 14536 PLUMO JACKSONVILI	DSA DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	D (LEAGUE, ROI) Delete BERT M JR	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT M. LEAGUE P 01/19/2009