

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000056871

1. Entity Name
RESOLUTION SERVICES, INC.



Principal Place of Business
1050 MCCLELLAN ST
SUITE 1
KISSIMMEE, FL 34741-4500

Mailing Address
1706 W. HENRY STREET
KISSIMMEE, FL 34741-6061

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

122 Grovepark Drive

Suite, Apt. #, etc.

Unit 69

Suite, Apt. #, etc.

City & State

Davenport FL

Zip

Zip

33837-5800 USA

Country

6. Name and Address of Current Registered Agent

WALLACE, JAMES M
1706 W. HENRY STREET
KISSIMMEE, FL 34741-6061

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME WALLACE, JAMES M
STREET ADDRESS 1706 W. HENRY STREET
CITY-ST-ZIP KISSIMMEE, FL 34741-6061

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

122 Grovepark Drive
Davenport FL 33837-5800

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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CITY-ST-ZIP

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Change Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *James M. Wallace* Date: *4/25/07* Daytime Phone #: *321-217-3004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/16/2007-90081-010-\$150.00-\$150.00

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SUITE UNIT 69
KISSIMMEE, FL 34741-4500

Mailing Address

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KISSIMMEE, FL 34741-6061
122 Grovpark Drive
Davenport, FL 33837-5800

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2881304

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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1706 W. HENRY STREET
KISSIMMEE, FL 34741-6061
122 Grovpark Drive
Davenport, FL 33837-5800

Name

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TITLE: P
NAME: WALLACE, JAMES M
STREET ADDRESS: 1706 W. HENRY STREET
CITY-ST-ZIP: KISSIMMEE, FL 347416061

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

122 Grovpark Drive
Davenport, FL 33837-5800

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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ATTACHMENT

66011943

SIGNATURE