


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90081 010 \*\*\*150.00

<b>DOCUMENT # P01000056871</b> 1. Entity Name <b>RESOLUTION SERVICES, INC.</b>																											
Principal Place of Business <b>1050 MCCLELLAN ST</b> <del>SUITE 1</del> <b>KISSIMMEE, FL 34741-4500</b>		Mailing Address <del>1706 W. HENRY STREET</del> <del>KISSIMMEE, FL 34741-6061</del>																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>Unit 69</b>		3. Mailing Address <b>122 Groupark Drive</b> Suite, Apt. #, etc.																									
City & State City <b>Davenport</b>		State <b>FL</b>																									
Zip <b>33837-5800</b>		Country <b>USA</b>																									
4. FEI Number <b>59-2881304</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent <b>WALLACE, JAMES M</b> <del>1706 W. HENRY STREET</del> <del>KISSIMMEE, FL 34741-6061</del>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>WALLACE, JAMES M</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><del>1706 W. HENRY STREET</del></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td><del>KISSIMMEE, FL 34741-6061</del></td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>WALLACE, JAMES M</b>		STREET ADDRESS	<del>1706 W. HENRY STREET</del>		CITY - ST - ZIP	<del>KISSIMMEE, FL 34741-6061</del>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>122 Groupark Drive</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>Davenport FL 33837-5800</b></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	<b>122 Groupark Drive</b>		STREET ADDRESS	<b>Davenport FL 33837-5800</b>		CITY - ST - ZIP		
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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.																											
<b>SIGNATURE: <u>James M. Wallace</u> James M. Wallace</b> 4/25/07 321-217-3004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																											


66011943



03212007 Chg-P CR2E034 (12/06)

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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 <b>59-2881304</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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SIGNATURE