# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000056871

**FILED**
**Apr 10, 2009**
**Secretary of State**

**Entity Name:** RESOLUTION SERVICES, INC.

**Current Principal Place of Business:**

1050 MCCLELLAN ST
UNIT 69
KISSIMMEE, FL 347414500

**New Principal Place of Business:**

122 GROVEPARK DRIVE
DAVENPORT, FL 338375800

**Current Mailing Address:**

122 GROVEPARK DRIVE
DAVENPORT, FL 338375800

**New Mailing Address:**

**FEI Number: 59-2881304** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLACE, JAMES M
122 GROVEPARK DRIVE
DAVENPORT, FL 338375800 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: WALLACE, JAMES M
Address: 122 GROVEPARK DRIVE
City-St-Zip: DAVENPORT, FL 338375800

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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.

SIGNATURE: JAMES M. WALLACE P 04/10/2009
Electronic Signature of Signing Officer or Director Date