

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000073946

Entity Name: RESOURCE PROVIDERS, INC.

FILED
Jan 04, 2008
Secretary of State

Current Principal Place of Business:

4511 N. HIMES AVE
262
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4511 N. HIMES AVE
262
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3734418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLIFFORD, W. ALLEN PRESIDE
4511 N. HIMES AVE
SUITE 262
TAMPA, FL 33614 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: D () Delete
Name: CLIFFORD, W. ALLEN PRESIDE
Address: 4511 N. HIMES AVE. SUITE 262
City-St-Zip: TAMPA, FL 33614

Title: D () Delete
Name: WORD, SYLVIA VICE-PR
Address: 10202 BAY CLUB CT
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: POSNER, GARY VICE-PR
Address: 5319 ARCHSTONE DR #102
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S (X) Change () Addition
Name: CLIFFORD, W. ALLEN PRESIDE
Address: 4511 N. HIMES AVE. SUITE 262
City-St-Zip: TAMPA, FL 33614

Title: VP (X) Change () Addition
Name: WORD WOODARD, SYLVIA VICE-PR
Address: 10202 BAY CLUB CT
City-St-Zip: TAMPA, FL 33607

Title: VP (X) Change () Addition
Name: POSNER, GARY VICE-PR
Address: 5319 ARCHSTONE DR #102
City-St-Zip: TAMPA, FL 33634

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: W. ALLEN CLIFFORD

PRES

01/04/2008

Electronic Signature of Signing Officer or Director

Date