

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000112165

FILED
Aug 14, 2005
Secretary of State

Entity Name: RESORTS INTERNATIONAL MARKETING CORP.

Current Principal Place of Business:

101 N. RIVERSIDE DR.
#116
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

101 N. RIVERSIDE DR.
#116
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-1155905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMSTEAD, PHAEDRA
101 N. RIVERSIDE DR.
#116
POMPANO BEACH, FL 33062 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALMSTEAD, PHAEDRA
Address: 101 N. RIVERSIDE DR. #116
City-St-Zip: POMPANO BEACH, FL 33062

Title: CEO () Delete
Name: SHEPHERD, JOHN
Address: 101 N. RIVERSIDE DR. #116
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP () Delete
Name: ALMSTEAD, REGINA
Address: 101 N RIVERSIDE DR
City-St-Zip: POMPANO BEACH, FL 33062

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: CFO () Change (X) Addition
Name: SHEPHERD, SARAH
Address: 101 NRIVERSIDE DR
City-St-Zip: POMPANO BEACH, FL 33062 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PHAEDRA ALMSTEAD

PRES

08/14/2005

Electronic Signature of Signing Officer or Director

Date