

**2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000112165

**FILED**  
**Dec 13, 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: CFO ( ) Delete  
Name: SHEPHERD, SARAH  
Address: 101 NRIVERSIDE DR  
City-St-Zip: POMPANO BEACH, FL 33062 US

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

Title: CFO ( ) Change (X) Addition  
Name: MCVAY, BARBARA  
Address: 101 N RIVERSIDE DR#116  
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

12/13/2005

Electronic Signature of Signing Officer or Director

Date