


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000053774</b> 1. Entity Name RESOLUTION THRU MEDIATION, INC.	
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Principal Place of Business 952 SE 10 CT POMPANO, FL 33060	Mailing Address 952 SE 10 CT POMPANO, FL 33060
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07262005 No Chg-P CR2E034 (10/03)

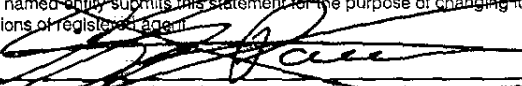
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 05-0561483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SCREMIN-PACE, SYLVIA 952 SE 10 CT POMPANO, FL 33060
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**DO NOT WRITE  
IN THIS SPACE**

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:  DATE: ~~7-28-05~~

Signature - typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehashing)


<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SCREMIN-PACE, SYLVIA 952 SE 10 CT POMPANO, FL 33060
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08/01/05-80008-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  **7-28-05** **954-288-0443**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #