2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000075090

Entity Name: RESA'S PIECES, INC.

FILED Jul 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1729 NESTLEWOOD LANE 1214 E. POWHATAN AVE TALLAHASSEE, FL 32301 TAMPA, FL 33604

Current Mailing Address: New Mailing Address:

1729 NESTLEWOOD LANE TALLAHASSEE, FL 32301 1214 E. POWHATAN AVE TAMPA, FL 33604

FEI Number: 55-0866409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CORDER, MARESA R
1729 NESTLEWOOD LANE
TALLAHASSEE, FL 32301 US
CORDER, MARESA R
1214 E. POWHATAN AVE.
TAMPA, FL 33604 US

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: MARESA R. CORDER 07/08/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 CORDER, MARESA R
 Name:
 CORDER, MARESA R

 Address:
 1729 NESTLEWOOD LANE
 Address:
 1214 E. POWHATAN AVE

 City-St-Zip:
 TALLAHASSEE, FL 32301
 City-St-Zip:
 TAMPA, FL 33604

Title: VPD () Delete Title: () Change () Addition Name: SMITHERMAN, DORIANN M Name:

 Name:
 SMITHERMAN, DORIANN M
 Name:

 Address:
 11288 RED OAK DRIVE
 Address:

 City-St-Zip:
 TUSCALOOSA, AL 35405
 City-St-Zip:

Title: Title: STD () Delete STD (X) Change () Addition THOMAS, PARRY A Name: SMITHERMAN, CHRISTIAN M Name: 870 KINGSWAY ROAD 11288 RED OAK DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: TUSCALOOSA, AL 35405

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: MARESA R. CORDER PD 07/08/2007