

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121251

Entity Name: RESOFIX, INC.

FILED
Jul 13, 2008
Secretary of State

Current Principal Place of Business:

5349 RED LEAF CT.
OVIEDO, FL 32765

New Principal Place of Business:

2665 EXECUTIVE PARK DR.
SUITE 2
WESTON, FL 33331

Current Mailing Address:

5349 RED LEAF CT.
OVIEDO, FL 32765

New Mailing Address:

2665 EXECUTIVE PARK DR.
SUITE 2
WESTON, FL 33331

FEI Number: 86-1122811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERBERG & ASSOCIATES, PA
2665 EXECUTIVE PARK DRIVE
SUITE 2
WESTON, FL 33331 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

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:

Title: COO () Delete
Name: CARL, KNOBLOCH
Address: 5349 RED LEAF CT.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: GUNTER, LOB MD
Address: EHRWALDERSTRASSE 82
City-St-Zip: MUNICH, BV 81337 DE

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: GUNTER LOB

CEO

07/13/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date