


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90048 006 ***150.00

DOCUMENT # P04000147325

1. Entity Name
RESOLUTE AMERICA FINANCIAL CORP



Principal Place of Business Mailing Address

ATTN: JEAN CARSON
 1655 SE POMEROY ST
 STUART FL 34997

ATTN: JEAN CARSON
 1655 SE POMEROY ST
 STUART FL 34997



2. Principal Place of Business
442 Timber Trail

3. Mailing Address
442 Timber Trail

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State
STUART FLA

City & State
STUART FLA

Zip
34997

Country
MARTIN

Zip
34997

Country

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REGAN, PETER
5117 ANHINGA AVENUE
PALM CITY FL 34990

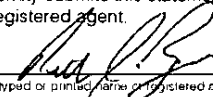
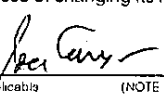
7. Name and Address of New Registered Agent

Name
JEAN CARSON

Street Address (P.O. Box Number is Not Acceptable)
442 Timber Trail

City
STUART FLA **FL** Zip Code
34997

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 **7/20/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	REGAN, KATEY M
STREET ADDRESS	5117 ANHINGA AVENUE
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	VT <input type="checkbox"/> Delete
NAME	REGAN, PETER
STREET ADDRESS	5117 ANHINGA AVENUE
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	V <input type="checkbox"/> Delete
NAME	CARSON, JEAN
STREET ADDRESS	5117 ANHINGA AVENUE
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	D <input type="checkbox"/> Delete
NAME	REGAN, KIM M
STREET ADDRESS	5117 ANHINGA AVENUE
CITY-ST-ZIP	PALM CITY FL 34990
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	omit
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER REGAN
STREET ADDRESS	200 SE FOUR WINDS DR # 210
CITY-ST-ZIP	STUART FLA 34996
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN CARSON
STREET ADDRESS	442 TIMBER TRAIL
CITY-ST-ZIP	STUART FLA 34997
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kim Regan
STREET ADDRESS	210 SE FOUR WINDS DR.
CITY-ST-ZIP	STUART FLA 34997
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **PETER REGAN** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

7-20-85

50057988
#P04000147325

SIRS:

THIS CORPORATION WAS FORMED IN NOV 04 FOR PURPOSE OF ACQUIRING A CONDO AS RECOMMENDED BY MY LAWYER TO PROTECT AGAINST MEDICAL BILLS. I NEVER GOT THE FORMS EVEN THOUGH I SENT AN ADDRESS CHANGE FORM AS REFLECTED ON THIS FORM. I THEN GOT A FORM "NOTICE OF INTENT TO DISSOLVE" WHICH SAYS TO FILL OUT AN ANNUAL REPORT AND AVOID FEES. I SENT IT IN AND GOT THE ATTACHED IN THE MAIL AND AM SENDING IT RIGHT BACK. I CALLED 850-245-6939 AND WAS TOLD IF I SEND IN \$150⁰⁰ ALL WILL BE RESOLVED WHICH I AM DOING.

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