



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90086 029 ***158.75

DOCUMENT # P05000129203 1. Entity Name RESITRUST, INCORPORATED					
Principal Place of Business 609 1/2 LAKE AVE. LAKE WORTH, FL 33460			Mailing Address 609 1/2 LAKE AVE. LAKE WORTH, FL 33460		
2. Principal Place of Business - No P.O. Box # 120 South Olive Avenue Suite, Apt. #, etc. Suite 400		3. Mailing Address 120 South Olive Avenue Suite, Apt. #, etc. Suite 400			
City & State West Palm Beach, FL		City & State West Palm Beach, FL		04302007 Chg-P CR2E034 (12/06)	
Zip 33401		Country USA		4. FEI Number 20-3495048	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent KIELY, DAN 609 1/2 LAKE AVE. LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name Kiely, Dan Street Address (P.O. Box Number is Not Acceptable) 120 South Olive Avenue, Suite 400 City West Palm Beach FL Zip Code 33401		
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: <u><i>Dan Kiely</i></u> DATE: <u>4/30/07</u> <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P KIELY, DAN 609 1/2 LAKE AVE. LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P Kiely, Dan 120 South Olive Avenue, Suite 400 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,C KEEFE, ROBERT 609 LAKE AVE LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,C Keefe, Robert 120 South Olive Ave, Suite 400 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP BARONE, MARCELO 609 LAKE AVE LAKE WORTH, FL 33460	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,VP Barone, Marcelo 120 S. Olive Ave, Suite 400 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Dan Kiely</i></u> <u>DAN Kiely</u> DATE: <u>4/30/07</u> DAYTIME PHONE #: <u>561 832 3321</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					