

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000088158

FILED  
Jul 18, 2009  
Secretary of State

Entity Name: RESORT SOLUTION TRUST, INC.

**Current Principal Place of Business:**

504 100TH AVENUE NORTH  
#104  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

11350 66TH ST. N.  
110  
LARGO, FL 33773

**Current Mailing Address:**

504 100TH AVENUE NORTH  
#104  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

PO BOX 13  
EDGEWATER, NJ 33773

FEI Number: 26-3462464

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RENWICK, LINCOLN II  
11350 66TH ST N STE 110  
LARGO, FL 33773 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

Election Campaign Financing Trust Fund Contribution (X).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RENWICK, LINCOLN II  
Address: 504 100TH AVENUE NORTH #104  
City-St-Zip: ST. PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MR. (X) Change ( ) Addition  
Name: RENWICK, LINCOLN II  
Address: PO BOX 13  
City-St-Zip: EDGEWATER, NJ 33773

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: LINCOLN RENWICK II

MR.

07/18/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date