2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029322

Address:

City-St-Zip:

10121 CROSBY PLACE

PORT ST LUCIE, FL 34986

Entity Name: RESOURCE TECHNOLOGY MANAGEMENT, INC.

FILED Apr 01, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
950 NORTH ORLANDO AVENUE SUITE 180 WINTER PARL, FL 32789 US				950 NORTH ORLANDO AVENUE SUITE 180 WINTER PARK, FL 32789 US	
WINTER PARL, FL 32789 US			WINTER PARK, FL 32	WINTER PARK, FL 32789 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
950 NORTH ORLANDO AVENUE					
SUITE 180	SUITE 180 VINTER PARK, FL 32789 US				
	: 59-3177027	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
950 NORT SUITE 180		VENUE			
WINTER F	PARK, FL 32789	9 US			
The above in the State	e named entity si e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	 Date	
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MUELLER, ROB 112 RAYMOND (Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () I POWELL, STEVI 147 BIG OAK BE CHULUOTA, FL	ND	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ()I	Delete NALD R	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: DONALD R SHOULDICE D 04/01/2005