2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007
Secretary of State

DOCUMENT# P95000088663

Entity Name: ASSET RESOURCE MANAGEMENT, INC.

Current Principal Place of Business:

1346 DRIFTWOOD PT. RD
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

43 E. SHIPWRECK ROAD
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 6057
DESTIN, FL 32550

New Mailing Address:

FEI Number: 59-3345333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHARPE, JAMES A
1346 DRIFTWOOD PT. RD.
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

SHARPE, JAMES A
43 E. SHIPWRECK ROAD
SANTA ROSA BEACH, FL 32459 US

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: 07/18/2007
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: P ( ) Delete
Name: SHARPE, JAMES A
Address: 1346 DRIFTWOOD PT. RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: P ( ) Delete
Name: SHARPE, ANNE A
Address: 1346 DRIFTWOOD PT. RD.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S ( ) Delete
Name: CARR, SHANNON
Address: 4465 KINGSLYNN ROAD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SHARPE, JAMES A
Address: 43 E. SHIPWRECK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: P (X) Change ( ) Addition
Name: SHARPE, ANNE A
Address: 43 E. SHIPWRECK ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES A. SHARPE P 07/18/2007
Electronic Signature of Signing Officer or Director — Date