

FILED
Jul 21, 2003 8:00 am
Secretary of State

0156957 FP

DOCUMENT #
1. Entity Name
RESOURCE DEVELOPMENT SERVICES CORPORATION

P98000040635

SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

07-21-2003 90140 012 ***550.00

Principal Place of Business
15600 OLD RT. 41
NAPLES FL 34103

Mailing Address
15600 OLD RT. 41
NAPLES FL 34103

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
65-0851272

Applied For
Not Applicable

5. Certificate of Status Desired

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOHNSON, KENNETH R
4001 TAMiami TRAIL NORTH #300
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name
John C. Swanson
Street Address (P.O. Box Number is Not Acceptable)
15600 Old Rt. 41
City
Naples FL Zip Code
34103

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
SWANSON, JOHN C
C/O 4001 TAMiami TRAIL NORTH #300
NAPLES FL 34103
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Swanson, John C
15600 Old Rt. 41
Naples, FL 34103
Change Addition

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 reports 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR John C. Swanson Date Daytime Phone #