2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2004
Secretary of State

DOCUMENT# P98000043298

Entity Name: RESOLVE DISPUTES, INC.

Current Principal Place of Business:

% LUCIOLA A. SMITH
ONE LAS OLAS CIRCLE, SUITE 1215
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2467
FORT LAUDEREALE, FL 33303

New Mailing Address:

FEI Number: 65-0835448 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUMIN, EDWARD R ESQ
2720 EAST OAKLAND PARK BLVD
SUITE 106
FORT LAUDERDALE, FL 33306 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 ( ).

OFFICERS AND DIRECTORS:

Title: CPTS ( ) Delete
Name: SMITH, LUCIOLA A
Address: ONE LAS OLAS CIR STE 1215
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP ( ) Delete
Name: SMITH, JOHN A
Address: ONE LAS OLAS CIRCLE
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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.

SIGNATURE: LUCIOLA A. SMITH PRES 01/17/2004

Electronic Signature of Signing Officer or Director — Date