

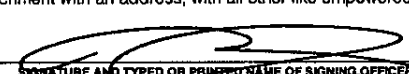


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90401 039 ***150.00

DOCUMENT # P98000057957 1. Entity Name RESIDENTIAL RESALES, INC.					
Principal Place of Business 270 N.W. 3RD COURT BOCA RATON, FL 33432				Mailing Address 270 N.W. 3RD COURT BOCA RATON, FL 33432	
2. Principal Place of Business 1400 Technology Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1400 Technology Dr. <small>Suite, Apt. #, etc.</small>			
City & State HARRISONBURG VA <small>Zip</small> 22802 <small>Country</small> USA		City & State HARRISONBURG VA <small>Zip</small> 22802 <small>Country</small> USA		4. FEI Number 75-3026967	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DEWEES, LEDYARD H 270 N.W. 3RD COURT BOCA RATON, FL 33432			7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small> FL <small>Zip Code</small>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	PD DEWEES, LEDYARD H 270 N.W. 3RD COURT BOCA RATON, FL 33432		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	NATHAN H. MILLER (DR) 1400 TECHNOLOGY DR. HARRISONBURG, VA 22802	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	RANDOLPH H. BROWNELL III (V) 1400 TECHNOLOGY DR. HARRISONBURG, VA 22802	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MICHAEL J. SHROYER (V) 1400 TECHNOLOGY DR HARRISONBURG, VA 22802	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	JOSEPH DRESNER (D) 10101 COLLINS AVE APARTMENT b-F BALL HARBOUR, FL 33154	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MILTON DRESNER (D) 28777 NORTHWESTERN Highway SUITE 100 SOUTHFIELD, MI 48034	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	NANCY BOWMAN (D) 116 BROOK COURT WAYNESBORO, VA 22980	
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 report 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: 			Randolph H. BROWNELL		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small> April 29, 2004 <small>Daytime Phone #</small> (540) 437-1699		

attached

II

P918600005-7987

Additional Officers and Directors
Residential Resales, Inc.

Frederick Winters (D) Addition
10270 Plantation Drive
Daphne, AL 36526