2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000068449

Entity Name: RESOURCE MANAGEMENT SOLUTIONS, INC.

FILED Mar 03, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2020 NE 163 STREET 207

N MIAMI BEACH, FL 33162

New Mailing Address: Current Mailing Address:

2020 NE 163 STREET

N MIAMI BEACH, FL 33162

FEI Number: 65-0890427 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HANKERSON, HAROLD HANKERSON, HAROLD 2020 NE 163 ST 2020 NE 163 ST SUITE 209 SUITE 207 N MIAMI BEACH, FL 33162 US N MIAMI BEACH, FL 33162 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: 03/03/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition AUSTIN, EUNICE B AUSTIN, EUNICE B Name: Name:

600 PARKVIEW DR SO. #209 2020 NE 163RD STREET, SUITE 207 Address: Address: City-St-Zip: HALLANDALE, FL 33009 City-St-Zip: NORTH MIAMI BEACH, FL 33162

() Delete Title: PTD Title: (X) Change () Addition Name: HANKERSON, HAROLD D Name: HANKERSON, HAROLD D

600 PARKVIEW DR SO. #209 2020 NE 163RD STREET, SUITE 207 Address: Address: HALLANDALE, FL 33009 NORTH MIAMI BEACH, FL 33162 City-St-Zip: City-St-Zip:

() Delete Title: (X) Change () Addition Title:

GUILDER, GEORGE R GUILDER, GEORGE R Name: Name:

11031 SW 42 PLACE 2020 NE 163RD STREET, SUITE 207 Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: HAROLD HANKERSON PTD 03/03/2004