

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90065 032 \*\*\*150.00

<b>DOCUMENT # P99000040878</b>	
1. Entity Name <b>RESOURCE CORPORATE MANAGEMENT, INC.</b>	

Principal Place of Business <b>5836 RICHARD STREET JACKSONVILLE, FL 32216</b>	Mailing Address <b>5836 RICHARD STREET JACKSONVILLE, FL 32216</b>
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2. Principal Place of Business - No P.O. Box # <b>8613 Old Kings Rd S.</b>	3. Mailing Address <b>8613 Old Kings Rd S.</b>
Suite, Apt. #, etc. <b>Unit 402</b>	Suite, Apt. #, etc. <b>Unit 402</b>
City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32217</b>	Country <b>U.S.A.</b>

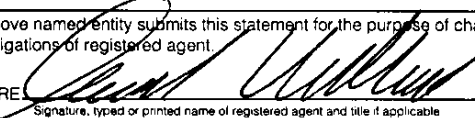


04172008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3574486</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

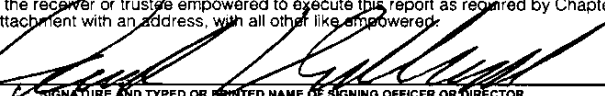
6. Name and Address of Current Registered Agent <b>VILLAREAL, DANIEL 5836 RICHARD STREET JACKSONVILLE, FL 32216</b>	
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7. Name and Address of New Registered Agent Name <b>Daniel Villareal</b> Street Address (P.O. Box Number is Not Acceptable) <b>8613 Old Kings Rd S. Unit 402</b> City <b>Jacksonville, FL</b> Zip Code <b>32217</b>	
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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 	DATE <b>4/15/08</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO VILLAREAL, DANIEL 5836 RICHARD STREET JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Villareal, Daniel 8613 Old Kings Rd S. Unit 402 Jacksonville, FL 32217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 	DATE <b>4/15/08</b> DAYTIME PHONE # <b>904-733-9900</b>