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Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90305 015 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000109929

1. Entity Name
RESALE MARKETING, INC.

44039336

Principal Place of Business	Mailing Address
4933 THAMES LANE SARASOTA, FL 34238	P O BOX 19288 SARASOTA, FL 34276

04222004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
P O BOX 19288	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL	City & State
Zip: 34276 Country: USA	Zip Country

4. FEI Number 65-0969448 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEWITT, WILLIAM F
4933 THAMES LANE
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 100 WALLACE AVE, SUITE 260

City SARASOTA FL Zip Code 34237

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 X [signature] WILLIAM F. HEWITT, PRESIDENT X 4/26/04

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST	Delete
NAME	HEWITT, WILLIAM F	
STREET ADDRESS	P O BOX 19288	
CITY-ST-ZIP	SARASOTA, FL 34276	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: X [signature] WILLIAM F. HEWITT X 4-26-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FROM : FAX NO. : Apr. 22 2004 11:14AM P2