


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90426 035 ***150.00

DOCUMENT # P03000038210

1. Entity Name
 RESOURCE MANAGEMENT SYSTEMS, INC.



Principal Place of Business Mailing Address

1200 FIRST STREET 1200 FIRST STREET
 SUITE 1632 SUITE 1632
 ALEXANDRIA, VA 22314 ALEXANDRIA, VA 22314

2. Principal Place of Business 3. Mailing Address

1743 PEACHTREE LANE 1743 PEACHTREE LANE
 Suite, Apt. #, etc. Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State City & State

MITCHELLVILLE MD MITCHELLVILLE MD
 Zip Country Zip Country

20721 20721

4. FEI Number Applied For

47-0916064 Not Applicable

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

6. Name and Address of Current Registered Agent

NILES, CHRISTOPHER D ESQ.
 2601 EAST OAKLAND PARK BOULEVARD
 SUITE 400
 FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	BORING, LES	1200 FIRST STREET #1632	ALEXANDRIA, VA 22314	<input type="checkbox"/>
D	KRUZE, JACK	1200 FIRST STREET #1632	ALEXANDRIA, VA 22314	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1743 PEACHTREE LANE	MITCHELLVILLE MD 20721	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1743 PEACHTREE LANE	MITCHELLVILLE MD 20721	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  LES BORING 4/23/04

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