2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033153

Entity Name: RETIREMENT INCOME ASSURANCE, LLC

FILED Jul 12, 2005 Secretary of State

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

2916 W. BAY VISTA #3 3599 W LAKE MARY BLVD

TAMPA, FL 33611 US #1-B4

LAKE MARY, FL 32746 US

Current Mailing Address: New Mailing Address:

2916 W. BAY VISTA #3 3599 W LAKE MARY BLVD

TAMPA, FL 33611 US #1-B4

LAKE MARY, FL 32746 US

FEI Number: 56-2465650 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HARKINS, MARK W
2916 W. BAY VISTA #3
202 E SOUTH ST

TAMPA, FL 33611 US #5046 ORLANDO, FL 32801 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: 07/12/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 HARKINS, MARK W
 Name:
 HARKINS, MARK W
 Name:
 HARKINS, MARK W
 Address:
 202 E SOUTH STREET #5046

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:
 ORLANDO, FL 32801

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARK W HARKINS MR 07/12/2005