


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000005525</b>	
1. Entity Name REAL LIVING NETWORK SERVICES, INC.	

Principal Place of Business 77 EAST NATIONWIDE BLVD. COLUMBUS, OH 43215	Mailing Address 77 EAST NATIONWIDE BLVD. COLUMBUS, OH 43215
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04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 31-1002539	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO ROUDA, HARLEY E JR 77 EAST NATIONWIDE BLVD. COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHRIS, SHERRY 77 EAST NATIONWIDE BLVD. COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EDDY, PATRICIA A 77 EAST NATIONWIDE BLVD. COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RAWLINS, ROGER L JR 77 EAST NATIONWIDE BLVD. COLUMBUS, OH 43215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000358193 05/04/05-80105-008 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Sherry Chris</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SHERRY CHRIS	Date 4-29-05	Daytime Phone # 614-273-8575
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