

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90042 022 ***150.00

60006755



01052007 Chg-P CR2E034 (12/06)

DOCUMENT # F04000005813 1. Entity Name RELIABLE REPORTS OF TEXAS, INC.					
Principal Place of Business 1165 S. STEMMONS FWY, STE. 233 LEWISVILLE, TX 75067			Mailing Address 1165 S. STEMMONS FWY, STE. 233 LEWISVILLE, TX 75067		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 75-2571858 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip		Zip			
Country		Country			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PK DR, STE 4 WESTON, FL 33331				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 _____ (NOTE: Registered Agent signature required when translating) Signature, typed or printed name of registered agent and title if applicable DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WOLFE, JAMES L 1111 BRIANCREST DR, STE 300 BRYAN, TX 77802	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GEORGE LEA 1165 S STEMMONS LEWISVILLE, TX 75067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLFE, JAMES L 1111 BRIANCREST DR, STE 300 BRYAN, TX 77802	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO WOLFE, JAMES L 2800 TEXAS AVE, SUITE 300 BRYAN, TX 77802	<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	EVPO ROBERTSON, SHAWN 1165 S STEMMONS FWY, STE 233 LEWISVILLE, FL 77802	<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	ST WOLFE, JAMES L 2800 TEXAS AVE, SUITE 300 BRYAN, TX 77802	<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	<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 1/16/07 Daytime Phone # 972 353 2215		