

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005813

FILED
Mar 23, 2009
Secretary of State

Entity Name: RELIABLE REPORTS OF TEXAS, INC.

Current Principal Place of Business:

1165 S. STEMMONS FWY, STE. 233
LEWISVILLE, TX 75067

New Principal Place of Business:

1165 S. STEMMONS FWY,
SUITE 233
LEWISVILLE, TX 75067

Current Mailing Address:

1165 S. STEMMONS FWY, STE. 233
LEWISVILLE, TX 75067

New Mailing Address:

1165 S. STEMMONS FWY,
STE. 233
LEWISVILLE, TX 75067

FEI Number: 75-2571858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PK DR, STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: WOLFE, JAMES L
Address: 1111 BRIANCREST DR, STE 300
City-St-Zip: BRYAN, TX 77802

Title: ST () Delete
Name: WOLFE, JAMES L
Address: 1111 BRIANCREST DR, STE 300
City-St-Zip: BRYAN, TX 77802

Title: DCEO (X) Delete
Name: WOLFE, JAMES L
Address: 2800 TEXAS AVE, SUITE 300
City-St-Zip: BRYAN, TX 77802

Title: EVPO (X) Delete
Name: ROBERTSON, SHAWN
Address: 1165 S STEMMONS FWY, STE 233
City-St-Zip: LEWISVILLE, FL 77802

Title: ST () Delete
Name: WOLFE, JAMES L
Address: 2800 TEXAS AVE, SUITE 300
City-St-Zip: BRYAN, TX 77802

Title: P () Delete
Name: LEA, GEORGE
Address: 1165 S STEMMONS
City-St-Zip: LEWISVILLE, TX 75067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: WOLFE, JAMES L
Address: 1111 BRIANCREST DR, STE 300
City-St-Zip: BRYAN, TX 77802

Title: EVPO (X) Change () Addition
Name: ROBERTSON, SHAWN P
Address: 1165 S STEMMONS FRWY, SUITE 233
City-St-Zip: LEWISVILLE, TX 75067

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN P ROBERTSON

EVPO

03/23/2009

Electronic Signature of Signing Officer or Director

Date