2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2006
Secretary of State

DOCUMENT# N99000005376

Entity Name: RELIABLE BUSINESS SOLUTIONS, INC.

Current Principal Place of Business:

380 S. STATE ROAD 434
SUITE 1004-146
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

380 S. STATE ROAD 434
SUITE 1004-146
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3597488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAMUEL, BEVELYN
380 S. STATE ROAD 434
SUITE 1004-146
ALTAMONTE SPRINGS, FL 32714 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

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: SAMUEL, BEVELYN
Address: 380 S. S. R. 434, #1004-146
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DPD ( ) Delete
Name: WEAVER, KELLY
Address: 1416 N. HART BLVD.
City-St-Zip: ORLANDO, FL 32818

Title: STD ( ) Delete
Name: PIERCE, LYNDA
Address: 207 - 18TH ST E
City-St-Zip: PALMETTO, FL 34221

Title: STD ( ) Delete
Name: MORGAN, DIANA
Address: 11438 WALDEN LOOP CIRCLE
City-St-Zip: PARRISH, FL 34719

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DPD (X) Change ( ) Addition
Name: WEAVER, KELLY
Address: 866 PARK LANE CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: STD (X) Change ( ) Addition
Name: PIERCE, LYNDA
Address: 2614 E 7TH AVENUE EAST
City-St-Zip: PALMETTO, FL 34221

Title: STD (X) Change ( ) Addition
Name: MORGAN, DIANA
Address: 6148 APOLLOS CORNER WAY
City-St-Zip: ORLANDO, FL 32829

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVELYN SAMUEL P 09/13/2006

Electronic Signature of Signing Officer or Director — Date