2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 07, 2004 8:00 am Secretary of State **DOCUMENT # P01000095930** 05-07-2004 90136 041 ***158.75 RELIABLE HOME WATCH, INC. Principal Place of Business Mailing Address 17796 OAKMOUNT RIDGE CIR FT MYERS FL 33912 17796 OAKMOUNT RIDGE CIR **54**053577 FT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-1144550 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WELLMAN, RONALD Street Address (P.O. Box Number is Not Acceptable) 17796 OAKMOUNT RIDGE CIR FT MYERS FL 33912 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change Addition TITLE ☐ Delete NAME WELLMAN, RONALD NAME 17796 OAKMOUNT RIDGE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33912 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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)(i), 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. M. Wellman 4-26-04 239

Altachnent

54053577 5-5-04 # \$01000095930

To whom; + may concern,

my wife put this in her CArtomail. She found it today on the floor of the CAr. I Know there is A late fee, but I have A small homewatch business just two years old and would be hurt badly if I had to pay late fee, Please except my payment, If you can,

> THANK YOU, -Ronald Wellman