2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048139

Entity Name: RELIANT VENTURES GROUP CORP.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19701 E COUNTRY CLUB DR 12550 BISCAYNE BLVD 507

#5-306

AVENTURA, FL 33180 NORTH MIAMI, FL 33181

New Mailing Address: Current Mailing Address:

19701 E COUNTRY CLUB DR 12550 BISCAYNE BLVD #5-306 507

AVENTURA, FL 33180 NORTH MIAMI, FL 33181

FEI Number: 04-3654857 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A. BOAZIZ, RAMI RA 1840 SW 22ND ST. 12550 BISCAYNE BLVD 507

4TH FLOOR MIAMI, FL 33145 US NORTH MIAMI, FL 33181 US

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: RAMI BOAZIZ 04/27/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

EVANS, JOSHUA Name: Name: EVANS, JOSHUA

323 NAVARRE AVENUE SUITE 302 12550 BISCAYNE BLVD 507 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: NORTH MIAMI, FL 33180

Title: VD () Delete Title: VD (X) Change () Addition

Name: BOAZIZ, RAMI Name: BOAZIZ, RAMI

323 NAVARRE AVENUE SUITE 302 12550 BISCAYNE BLVD 507 Address: Address: CORAL GABLES, FL 33134 NORTH MIAMI, FL 33180 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSHUA EVANS PD 04/27/2005