

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004972

Entity Name: RELIABLE ABSTRACT INC.

FILED
Apr 11, 2006
Secretary of State

Current Principal Place of Business:

21301 POWERLINE RD
STE. 302
BOCA RATON, FL 33433

Current Mailing Address:

21301 POWERLINE RD
STE. 302
BOCA RATON, FL 33498

New Principal Place of Business:

21301 POWERLINE RD
SUITE 302
BOCA RATON, FL 33433 US

New Mailing Address:

21301 POWERLINE RD
STE. 302
BOCA RATON, FL 33498 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

DENTNESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: BUSINESS FILINGS INCORPORATED 04/11/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ELFENBEIN, JONATHAN P/T/D
Address: 19425 PRESERVE DRIVE
City-St-Zip: BOCA RATON, FL 33498 US

Title: T () Delete
Name: ELFENBEIN, JONATHAN V/D
Address: 19425 PRESERVE DRIVE
City-St-Zip: BOCA RATON, FL 33498 US

Title: D () Delete
Name: ELFENBEIN, JONATHAN
Address: 19425 PRESERVE DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: V () Delete
Name: ELFENBEIN, DANA
Address: 19425 PRESERVE DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: S () Delete
Name: ELFENBEIN, DANA
Address: 19425 PRESERVE DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: D () Delete
Name: ELFENBEIN, DANA
Address: 19425 PRESERVE DRIVE
City-St-Zip: BOCA RATON, FL 33498

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
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 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: JONATHAN ELFENBEIN PRES 04/11/2006
Electronic Signature of Signing Officer or Director Date