

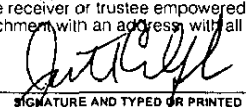


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90034 019 \*\*\*150.00

<b>DOCUMENT # P03000004972</b> 1. Entity Name <b>RELIABLE ABSTRACT INC.</b>					
Principal Place of Business <b>20283 STATE ROAD 7 SUITE 300 BOCA RATON, FL 33498 US</b>			Mailing Address <b>21301 POWERLINE RD STE. 302 BOCA RATON, FL 33498 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>20283 State Road 7</b>			
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>			
City & State <b>Boca Raton FL</b>		City & State <b>Boca Raton FL</b>			
Zip <b>33498</b>	Country <b>US</b>	Zip <b>33498</b>	Country <b>US</b>		
4. FEI Number <b>55-0815739</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				04102008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ELFENBEIN, JONATHAN P/T/D</b> <b>19425 PRESERVE DRIVE</b> <b>BOCA RATON, FL 33498</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ELFENBEIN, JONATHAN V/D</b> <b>19425 PRESERVE DRIVE</b> <b>BOCA RATON, FL 33498</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELFENBEIN, JONATHAN</b> <b>19425 PRESERVE DRIVE</b> <b>BOCA RATON, FL 33498</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ELFENBEIN, DANA</b> <b>19425 PRESERVE DRIVE</b> <b>BOCA RATON, FL 33498</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ELFENBEIN, DANA</b> <b>19425 PRESERVE DRIVE</b> <b>BOCA RATON, FL 33498</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ELFENBEIN, DANA</b> <b>19425 PRESERVE DRIVE</b> <b>BOCA RATON, FL 33498</b>	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4/15/08</b> Daytime Phone #					