

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-31-2007 90001 029 \*\*\*150.00

<b>DOCUMENT # P04000126584</b> 1. Entity Name <b>RELIABLE SHOPPING SERVICES INC.</b>					
Principal Place of Business <b>513 HURON PLACE WEST PALM BEACH, FL 33409</b>			Mailing Address <b>PO BOX 590 LAKE WORTH, FL 33460</b>		
2. Principal Place of Business - No P.O. Box # <b>509 SE 20th Court</b>		3. Mailing Address <b>P.O. Box 365</b>			
Suite, Apt. #, etc. <b>Boynton Beach</b>		Suite, Apt. #, etc. <b>Boynton Beach</b>			
City & State <b>FL 33435</b>		City & State <b>FL 33425</b>			
Zip <b>33435</b>	Country <b>USA</b>	Zip <b>33425</b>	Country <b>USA</b>		
4. FEI Number <b>13-4286990</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ASHMAN, BEVERLY V 513 HURON PLACE WEST PALM BEACH, FL 33409</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <u><i>B. Ashman</i></u> <span style="float: right;">DATE: <u>5/28/07</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>ASHMAN, BEVERLY V 513 HURON PLACE WEST PALM BEACH, FL 33409</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>address: 509 SE 20th Ct X</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Boynton Beach FL 33435</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u><i>B. Ashman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>5/28/07</u> <span style="float: right;">Daytime Phone #: <u>(561) 502-8775</u></span>		

ATTACHMENT  
40119122  

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#p04000126584

5/28/07  
Sir/Madam,  
I hope the attached form  
is now properly filled out!  
Thank you for returning  
the other so I could correct  
the information.  
God bless, have a good  
day.  
yours truly  
Bashman

ATTACHMENT  
H0119122  
# 04000126584

April 26<sup>th</sup>, 2007

The Office of Corporation  
Tallahassee, Florida

Re: Document # 04000126584

Dear Sir/Madam,

On behalf of my business, Reliable Shopping Services Inc  
I write this letter updating my address.

New address is: 509 SE 20<sup>th</sup> Court,  
Boynton Beach,  
Florida, 33435

Mailing Address: P.O Box 365,  
Boynton Beach,  
Florida, 33425

Thank You.

Yours truly,  
Beverly Ashman.