2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005
Secretary of State

DOCUMENT# P04000172043

Entity Name: RELIABLE NETWORK SOLUTIONS INC.

Current Principal Place of Business:

985 HIGH POINT LP.
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

985 HIGH POINT LP.
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 05-0614008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LORD, REYNIR W
985 HIGH POINT LP
LONGWOOD, FL 32750 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: REYNIR W LORD 03/10/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LORD, PALMI
Address: 985 HIGH POINT LP.
City-St-Zip: LONGWOOD, FL 32750

Title: VD ( ) Delete
Name: LORD, REYNIR
Address: 985 HIGH POINT LP.
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete
Name: LORD, HULDA
Address: 985 HIGH POINT LP.
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete
Name: LORD, LILJA
Address: 581 SERENITY PL.
City-St-Zip: LAKE MARY, FL 32746

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
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 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: REYNIR W LORD MR 03/10/2005
Electronic Signature of Signing Officer or Director Date