2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000017638

1. Entity Name
RELIANT DIGITAL SOLUTIONS, INC.

Principal Place of Business	Mailing Address
6056 ULMERTON ROAD	6056 ULMERTON ROAD
CLEARWATER, FL 33760	CLEARWATER, FL 33760

DO NOT WRITE IN THIS SPACE

01082007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-2315856	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RICARDO A. ROIG, P.A.
4023 NORTH ARMENIA AVENUE
SUITE 400
TAMPA, FL 33607

DO NOT WRITE
IN THIS SPACE

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_____ DATE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating).

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	KNIGHT, JEFFRY
STREET ADDRESS	6056 ULMERTON ROAD
CITY-ST-ZIP	CLEARWATER, FL 33760

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

JINNNNN582323
01/11/07-80027-013 150.00

DO NOT WRITE
IN THIS SPACE

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: _____ Jeffry Knight   1/8/07   (727) 524-6235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #