

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90051 010 \*\*\*150.00

**60005291**



01172006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P05000037849</b> 1. Entity Name <b>RELIANT ENTERPRISE COMMUNICATIONS INC.</b>					
Principal Place of Business <b>100 GOLDEN ISLES BOULEVARD SUITE 915 HALLANDALE BEACH, FL 33009</b>			Mailing Address <b>100 GOLDEN ISLES BOULEVARD SUITE 915 HALLANDALE BEACH, FL 33009</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<div style="text-align: right;"><b>FL</b></div> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TWOMEY, STEPHEN		NAME		
STREET ADDRESS	30 KNUTSFORD BLVD. 7TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON, 5 JAMAICA W.I.,		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROFILI, GUIDO		NAME		
STREET ADDRESS	100 GOLDEN ISLES BLVD. #915		STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUMMERS, GORDON		NAME		
STREET ADDRESS	30 KNUTSFORD BLVD. 7TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON, 5 JAMAICA W.I.,		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRADY, HAROLD		NAME		
STREET ADDRESS	30 KNUTSFORD BLVD. 7TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	KINGSTON, 5 JAMAICA W.I.,		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Gordon Keith Summers</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>Jan. 17, 2006</u> Daytime Phone #: <u>876 960-4555</u>		