

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000057480

FILED
Apr 25, 2006
Secretary of State

Entity Name: RSVMNG ALLIANCE GROUP INC.

Current Principal Place of Business:

1512 SW 4TH COURT
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

1512 SW 4TH COURT
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 41-2172637 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
C/O CALOSSEHATCHE TAX & FINANCIAL SERVICE
1008 NE 7TH TERRACE SUITE D
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GIALLOMBARDO, ROBERT
Address: 1512 SW 4TH COURT
City-St-Zip: CAPE CORAL, FL 33991

Title: D () Delete
Name: GIALLOMBARDO, SUN
Address: 1512 SW 4TH COURT
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: ROBERT GIALLOMBARDO

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04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date