

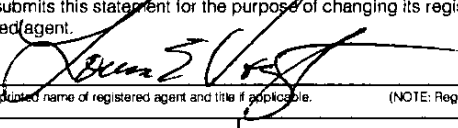


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90019 014 \*\*\*150.00

<b>DOCUMENT # P92000001588</b> 1. Entity Name <b>RELIANCE MANAGEMENT SERVICES, INC.</b>					
Principal Place of Business <b>501 N MAGNOLIA AVE STE 100 ORLANDO, FL 32801 US</b>			Mailing Address <b>1665 PALM BEACH LAKES BLVD STE 400 WEST PALM BEACH, FL 33401 US</b>		
2. Principal Place of Business - No P.O. Box # <b>707 MENDHAM BLVD</b>		3. Mailing Address <b>707 MENDHAM BLVD</b>		  02072007    Chg-P    CR2E034 (12/06)	
Suite, Apt. #, etc. <b>SUITE 201</b>		Suite, Apt. #, etc. <b>SUITE 201</b>			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>			
Zip <b>32825</b>		Zip <b>32825</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>59-3133915</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>LAGER, JILL M 1665 PALM BEACH LAKES BLVD STE 400 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name <b>LOUIS E. VOGT</b> Street Address (P.O. Box Number is Not Acceptable) <b>707 MENDHAM BLVD, SUITE 201</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32825</b>	
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  <b>LOUIS E. VOGT</b> <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 \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing <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	PCEO VOGT, LOUIS E 501 N MAGNOLIA AVE #100 ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDED VOGT, LOUIS E. 707 MENDHAM BLVD, SUITE 201 ORLANDO, FL 32825
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC ZIMMERMAN, SCOTT 501 N MAGNOLIA AVE #100 ORLANDO, FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC ZIMMERMAN, SCOTT 707 MENDHAM BLVD, SUITE 201 ORLANDO, FL 32825
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC ALEX, KATHLEEN 1665 PALM BEACH LAKES BLVD WEST PALM BEACH, FL 33401	<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:  **LOUIS E. VOGT, PRES**    407-377-0600