

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000003641

FILED
Apr 20, 2005
Secretary of State

Entity Name: RELIANCE HOME TRUST, INC.

Current Principal Place of Business:

4512 WOODLANDS VILLAGE DR
ORLANDO, FL 328352717

New Principal Place of Business:

205 WOODY CREEK DR.
PONTE VEDRA BCH, FL 32082

Current Mailing Address:

PO BOX 1476
WINDERMERE, FL 347861476

New Mailing Address:

830-13 A1A N #323
PONTE VEDRA BCH, FL 32082

FEI Number: 59-3563523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, ROSE MARIE E
1561 TRUMBALL ST
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

WALLACE, ROSE MARIE
830-13 A1A N #323
PONTE VEDRA BCH, FL 32082 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: ROSE MARIE WALLACE

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALLACE, ROSE MARIE
Address: 4512 WOODLANDS VILLAGE DR
City-St-Zip: ORLANDO, FL 328352717

Title: VP () Delete
Name: WALLACE, MICHAEL
Address: 4512 WOODLANDS VILLAGE DR
City-St-Zip: ORLANDO, FL 328352717

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WALLACE, ROSE MARIE
Address: 830-13 A1A N, #323
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: VP (X) Change () Addition
Name: WALLACE, MICHAEL
Address: 830-13 A1A N, #323
City-St-Zip: PONTE VEDRA BCH, FL 32082

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: ROSE MARIE WALLACE

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

Date