

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000086668
1. Entity Name
RELiance PROPERTY MANAGEMENT INC.



Principal Place of Business: 317279 PINE TREE LANE, SUGARLOAF KEY, FL 33042 US
Mailing Address: P.O. BOX 430216, BIG PINE KEY, FL 33043-0216



DO NOT WRITE IN THIS SPACE

08162005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0950366 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NOACK, WOLFGANG
17279 PINE TREE LANE
SUGARLOAF KEY, FL 33042

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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: _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	WOLFGANG, NOACK
STREET ADDRESS	31227 AVE E
CITY-ST-ZIP	BIG PINE KEY, FL 33043
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #