

PO50000 19456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

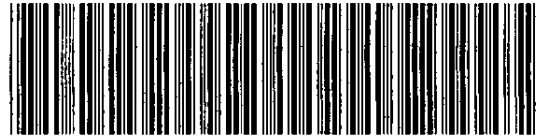
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600131039286

06/09/08--01057--013 **35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

08 JUN -9 PM 2:53

FILED

Amber
6/12/08 TS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: GREAT ALLY USA, INC.

DOCUMENT NUMBER: P05000019456

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUCE S. TRULIO

(Name of Contact Person)

GREAT ALLY USA, INC.

(Firm/ Company)

2416 LINCOLN STREET

(Address)

HOLLYWOOD FL 33020

(City/ State and Zip Code)

For further information concerning this matter, please call:

BRUCE S. TRULIO

(Name of Contact Person)

at (410) 353-4499

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$35 Filing Fee

\$43.75 Filing Fee &
Certificate of Status

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

\$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

GREAT ALLY USA, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P05000019456

(Document number of corporation (if known))

FILED
08 JUN -9 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

1. CHANGE THE PRINCIPAL & MAILING ADDRESS TO:

2416 LINCOLN ST, HOLLYWOOD FL 33020

2. CHANGE THE RESIDENT AGENT NAME AND ADDRESS; SEE ATTACHED SHEET

3. CHANGE THE OFFICERS/ DIRECTORS NAMES AND ADDRESS TO: SEE ATTACHED SHEET

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 4 JUNE 2008

Effective date if applicable: 4 JUNE 2008
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

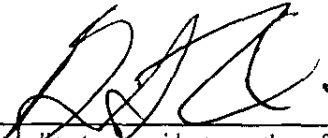
The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____"
(voting group)

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signature 
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

BRUCE S. TRULIO
(Typed or printed name of person signing)

SECRETARY/DIRECTOR
(Title of person signing)

FILING FEE: \$35

Maximum Associates, Inc.
2416 Lincoln Street
Hollywood, Florida 33020
+1.410.353.4499 Ph
+1.866.213.6202 Fax

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

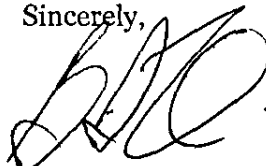
6/5/2008

To Whom It May Concern:

In accepting the position of Resident Agent for Great Ally USA, Inc., I state that I am familiar with the duties, and obligations of the position. My Resident Agent information is as follows:

Maximum Associates, Inc. (a corporation)
2416 Lincoln Street
Hollywood, Florida 33020

Sincerely,



Bruce S. Trulio
President/Director
Maximum Associates, Inc.

CHANGE OF OFFICERS/DIRECTORS

NEW PRESIDENT/DIRECTOR

SCOTT J. SILVERMAN, PD 2416 LINCOLN STREET
HOLLYWOOD, FL 33020

NEW VICE PRESIDENT/SECRETARY/TREASURER/DIRECTOR

BRUCE S. TRULIO, VPSTD 2416 LINCOLN STREET
HOLLYWOOD, FL 33020

BOL, TS