

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 30, 2008
Secretary of State**

DOCUMENT# P05000092763

Entity Name: MEDICAL BILLING ALLIANCE, INC.

Current Principal Place of Business:

1427 N NARRA PLACE
PLEASANT GROVE, UT 84062 US

New Principal Place of Business:

Current Mailing Address:

1427 N NARRA PLACE
PLEASANT GROVE, UT 84062 US

New Mailing Address:

FEI Number: 26-2665541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OMEGA CLEANING SERVICE
7320 E FLETCHER AVE
TAMPA, FL 33637 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

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PALMER, WADE J
Address: 1427 N NARRA PLACE
City-St-Zip: PLEASANT GROVE, UT 84062 US

Title: CFO () Delete
Name: GUEDDAR, ALLADDINE
Address: 4739 60TH STREET
City-St-Zip: SAN DIEGO, CA 92115

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: PALMER, ADAM J
Address: 1427 N NARRA PLACE
City-St-Zip: PLEASANT GROVE, UT 84062 US

Title: CFO (X) Change () Addition
Name: PALMER, WADE J
Address: 1742 NILES AVENUE
City-St-Zip: SALT LAKE CITY, UT 84116

I hereby certify that the information supplied with this filing does not qualify 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: WADE PALMER

CFO

05/30/2008

Electronic Signature of Signing Officer or Director

Date