

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2009
Secretary of State**

DOCUMENT# F01000003341

Entity Name: RETIREMENT ASSOCIATION OF AMERICA, INC.

Current Principal Place of Business:

1235 S MAIN STREET
SUITE 100
GRAPEVINE, TX 76051

New Principal Place of Business:

1235 S MAIN STREET
SUITE 100
GRAPEVINE, TX 76051

Current Mailing Address:

1235 S MAIN STREET
SUITE 100
GRAPEVINE, TX 76051

New Mailing Address:

1235 S MAIN STREET
SUITE 100
GRAPEVINE, TX 76051

FEI Number: 75-2422086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: HALL, KEITH
Address: 1235 S MAIN STREET #100
City-St-Zip: GRAPEVING, TX 76051

Title: DST () Delete
Name: HARRISON, PAULA
Address: 1235 S MAIN STREET #100
City-St-Zip: GRAPEVINE, TX 76051

Title: D () Delete
Name: LEDFORD, JIM
Address: 1235 S MAIN STREET #100
City-St-Zip: GRAPEVINE, TX 75062

Title: COMP (X) Delete
Name: GARCIA, NANCY
Address: 130 E JOHN CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH HALL

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date