

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F04000007008**

1. Entity Name  
GLOBAL REFERRAL ALLIANCE, INC.



Principal Place of Business  
3955 JOHNS CREEK COURT  
SUWANEE, GA 30024

Mailing Address  
3955 JOHNS CREEK COURT  
SUWANEE, GA 30024



04242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1994509

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

1100000552064  
05/13/06-80125-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	HUMPHREY, S. HUBERT JR
STREET ADDRESS	3955 JOHNS CREEK COURT
CITY-ST-ZIP	SUWANEE, GA 30024
TITLE	D
NAME	MONTGOMERY, THOMAS W SR
STREET ADDRESS	3955 JOHNS CREEK COURT
CITY-ST-ZIP	SUWANEE, GA 30024
TITLE	CEO
NAME	MARTIN, WILLIAM D
STREET ADDRESS	3955 JOHNS CREEK COURT
CITY-ST-ZIP	SUWANEE, GA 30024
TITLE	P
NAME	WILD, DAVID L
STREET ADDRESS	3955 JOHNS CREEK COURT
CITY-ST-ZIP	SUWANEE, GA 30024
TITLE	ST
NAME	DOLLAR, ROBERT S
STREET ADDRESS	3955 JOHNS CREEK COURT
CITY-ST-ZIP	SUWANEE, GA 30024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-25-06

Date

678-966-7760

Daytime Phone #