2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# F04000007008

Entity Name: GLOBAL REFERRAL ALLIANCE, INC.

Current Principal Place of Business:

6465 EAST JOHNS CROSSING
JOHNS CREEL, GA 30097

New Principal Place of Business:

6465 EAST JOHNS CROSSING
JOHNS CREEK, GA 30097

Current Mailing Address:

6465 EAST JOHNS CROSSING
JOHNS CREEK, GA 30097

New Mailing Address:

FEI Number: 20-1994509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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:

ADKINS, JOSEPH
101 SOUTH WYMORE ROAD
SUITE 200
ALTAMONTE SPRINGS, FL 32714 US

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: JOSEPH ADKINS 02/08/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HUMPHREY, S. HUBERT JR
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US

Title: D ( ) Delete
Name: MONTGOMERY, THOMAS W SR
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US

Title: CEO ( ) Delete
Name: WILD, DAVID L
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US

Title: P ( ) Delete
Name: WILD, DAVID L
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US

Title: ST ( ) Delete
Name: DOLLAR, ROBERT S
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097 US

Title: D ( ) Delete
Name: NASH, GARNETT W
Address: 6465 EAST JOHNS CROSSING
City-St-Zip: JOHNS CREEK, GA 30097

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:

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

SIGNATURE: GARNETT W. NASH DVP 02/08/2008
Electronic Signature of Signing Officer or Director Date