
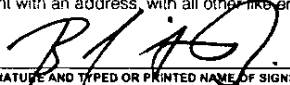


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2008 8:00 am**  
**Secretary of State**

07-24-2008 90017 045 \*\*\*400.00

<b>DOCUMENT # F05000003183</b> 1. Entity Name <b>NATIONAL ALLIANCE SECURITIES CORPORATION</b>					
Principal Place of Business <b>1800 VALLEY VIEW LANE, SUITE 300 DALLAS, TX 75234</b>			Mailing Address <b>1800 VALLEY VIEW LANE, SUITE 300 DALLAS, TX 75234</b>		
2. Principal Place of Business - No P.O. Box # <b>1605 LBJ Freeway</b> Suite, Apt. #, etc. <b>Suite, 710</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>Dallas, TX</b> Zip <b>75234</b>			
City & State <b>Dallas, TX</b>		City & State  Zip <b>75234</b>		Country <b>USA</b>	
4. FEI Number <b>20-0177268</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP PHILLIPS, BRADFORD A 1800 VALLEY VIEW LANE, SUITE 300 DALLAS, TX 75234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS ABNEY, STEVEN A 1800 VALLEY VIEW LANE, SUITE 300 DALLAS, TX 75234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPORUSCIO, JOHN 26TH GOFFEL ROAD, 2ND FLOOR MIDLAND PARK, NJ 07432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCWILLIAM, FRED 1800 VALLEY VIEW LANE, SUITE 300 DALLAS, TX 75234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCPHERSON, MELODY A 1800 VALLEY VIEW LANE, SUITE 300 DALLAS, TX 75234	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bertcher, Gene	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dzyuba, Alla	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bertcher, Gene	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dzyuba, Alla	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bertcher, Gene	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dzyuba, Alla	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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					
Date: <b>7-10-08</b> Daytime Phone #					