

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90239 043 \*\*\*158.75

<b>DOCUMENT # K45879</b>	
1. Entity Name NATIONAL REALTY LIABILITY ALLIANCE, INC.	



Principal Place of Business 7250 BENEVA RD SARASOTA, FL 34238	Mailing Address 7250 BENEVA RD SARASOTA, FL 34238
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14008758



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01212005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0082905	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  ABBOTT, HENRY J JR 7250 BENEVA RD SARASOTA, FL 34238	
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7. Name and Address of New Registered Agent	
Name ROGER S. WALLECK	
Street Address (P.O. Box Number is Not Acceptable) 7250 BENEVA RD	
City SARASOTA	FL Zip Code 34238

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 *Roger S. Walleck*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILDE, GREGORY L 26600 TELEGRAPH RD. SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ALLEN, KENN R 26600 TELEGRAPH RD. SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPAUN, KAREN M 26600 TELEGRAPH RD. SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP ABBOTT, HENRY J 7250 BENEVA RD SARASOTA, FL 34238 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPS COSTELLO, MICHAEL G 26600 TELEGRAPH RD. SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPA DUCO, JOSEPHINE D 2660 TELEGRAPH RD SOUTHFIELD, FL 48034 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26255 AMERICAN DRIVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26255 AMERICAN DRIVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 26255 AMERICAN DRIVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AVPAS O'SHEA, MICHAEL E 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SVPGCS 26255 AMERICAN DRIVE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AVPAT 26255 AMERICAN DRIVE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael E Costello* 4-19-05 248-204-8281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
14008758

2005 FOR PROFIT CORPORATION ANNUAL REPORT  
CONTINUATION PAGE

DOCUMENT #	K45879
1. ENTITY NAME	NATIONAL REALTY LIABILITY ALLIANCE, INC.

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUBBIN, ROBERT S	
STREET ADDRESS	26255 AMERICAN DRIVE	
CITY-ST-ZIP	SOUTHFIELD, MI 48034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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