

2007 FOR PROFIT CORPORATION ANNUAL REPORT


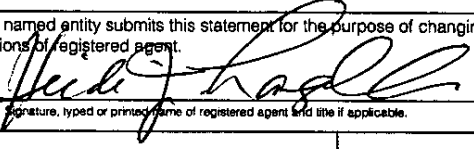
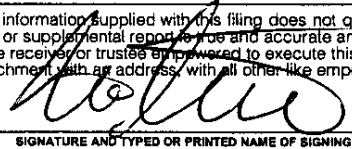
FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90426 023 ***158.75

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04242007 Chg-P CR2E034 (12/06)

DOCUMENT # K45879					
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		
2. Principal Place of Business - No P.O. Box # 6000 CATTILERIDGE DR		3. Mailing Address PO BOX 50608			
Suite, Apt. #, etc. STE 302		Suite, Apt. #, etc.			
City & State SARASOTA		City & State SARASOTA		4. FEI Number 65-0082905	
Zip 34232-6064	Country USA	Zip 34332-0305	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALLECK, ROGER S 7250 BENEVA RD SARASOTA, FL 34238			7. Name and Address of New Registered Agent Name HEIDI J LANGELLA Street Address (P.O. Box Number is Not Acceptable) 6000 CATTILERIDGE, STE 302 City SARASOTA FL Zip Code 34232		
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  SR VP - SOUTHEAST REGION 4/25/07 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WILDE, GREGORY L 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATTINGLY, JOSEPH E 26255 AMERICAN DR, SOUTHFIELD, MI 48034 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP ALLEN, KENN R 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SPAUN, KAREN M 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SPAUN, KAREN M 26255 AMERICAN DR, SOUTHFIELD, MI 48034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUBBIN, ROBERT S 26255 AMERICAN DR SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVGC COSTELLO, MICHAEL G 26255 AMERICAN DRIVE SOUTHFIELD, MI 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPA DUCO, JOSEPHINE D 26255 AMERICAN DRIVE SOUTHFIELD, FL 48034 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT DUCO, JOSEPHINE D 26255 AMERICAN DR, SOUTHFIELD, MI 48034 <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: 		Date: 4/26/07 Daytime Phone #: 248-204-8025			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			