

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063193

FILED
Apr 25, 2007
Secretary of State

Entity Name: NEW ALLIANCE ENTERPRISES, LLC

Current Principal Place of Business:

1504 PALM BAY ROAD
SUITE 4
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

1504 PALM BAY ROAD
SUITE 4
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 16-1727471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYLE, CHRISTINE MRS.
891 NATROMA AVE. SW
PALM BAY, FL 32908 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: GAYLE, CHRISTINE
Address: 891 NATROMA AVE. SW
City-St-Zip: PALM BAY, FL 32908 US

Title: VP () Delete
Name: ROSE, ANTHONY
Address: 1701 EATONIA ST NW
City-St-Zip: PALM BAY, FL 32907 US

Title: VP () Delete
Name: PHILLIP, MICHAEL
Address: 8792 130TH AVENUE, N.
City-St-Zip: WEST PALM BEACH, FL 33412 US

Title: T () Delete
Name: WALKER, DONNA
Address: 1455 ASHBORO CIRCLE S.E.
City-St-Zip: PALM BAY, FL 32909 US

Title: MGRM () Delete
Name: SMITH, COSLAN
Address: 110 GIBRALTER ST
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGRM () Delete
Name: SMITH, NORMAN
Address: 12794 78TH PLACE NORTH
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONNA WALKER

T

04/25/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date