


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M98680 1. Entity Name PROFESSIONAL LEASING ALLIANCE, INC.	
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Principal Place of Business 12801 N CENTRAL EXPRESSWAY 700 DALLAS, TX 75243 US	Mailing Address 12801 N CENTRAL EXPRESSWAY 700 DALLAS, TX 75243 US
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DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0099062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	PD PAULK, MELINDA S 12801 N CENTRAL ESPWY, STE. 700 DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LANGONE, RICHARD J 12801 N CENTRAL EXPRESSWAY STE 700 DALLAS, TX 75243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOLFORD, HELEN 12801 N CENTRAL EXPRESSWAY STE 700 DALLAS, TX 75243
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**DO NOT WRITE
IN THIS SPACE**

11000000278109
11/28/05-80012-024 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Melinda S. Paulk, President 211/05 972-776-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #