

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 18, 2008  
Secretary of State**

DOCUMENT# N02000000536

Entity Name: NPA ALLIANCE, INC.

**Current Principal Place of Business:**18403 TURNING POINT PT DR  
LUTZ, FL 33549**New Principal Place of Business:**4814 WALNUT CIRCLE NORTH  
LAKELAND, FL 33810 US**Current Mailing Address:**18403 TURNING POINT PT DR  
LUTZ, FL 33549**New Mailing Address:**4814 WALNUT CIRCLE NORTH  
LAKELAND, FL 33810

FEI Number: 04-3589039

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**LINDA, GILBERT  
4814 WALNUT CIRCLE NORTH  
LAKELAND, FL 33810 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**OFFICERS AND DIRECTORS:**Title: D ( ) Delete  
Name: MOORMAN, ELAINE E  
Address: 32648 DARBY ROAD  
City-St-Zip: DADE CITY, FL 32520Title: D ( ) Delete  
Name: CALDWELL, PATRICIA  
Address: 11325 GLENMONT DRIVE  
City-St-Zip: TAMPA, FL 33635Title: D ( ) Delete  
Name: CANARIS, LOIS  
Address: 29327 CADDYSHACK LANE  
City-St-Zip: SAN ANTONIO, FL 33756Title: D ( ) Delete  
Name: PARRISH, LYNNETTE  
Address: 18403 TURNING POINT DRIVE  
City-St-Zip: LUTZ, FL 33549Title: D (X) Delete  
Name: HUBSMITH, LINDA  
Address: 9251 DAYFLOWER  
City-St-Zip: TAMPA, FL 33647 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change ( ) Addition  
Name: CALDWELL, PATRICIA  
Address: 11325 GLENMONT DRIVE  
City-St-Zip: TAMPA, FL 33635 USTitle: D (X) Change ( ) Addition  
Name: PARRISH, LYNNETTE  
Address: 18403 TURNING POINT DRIVE  
City-St-Zip: LUTZ, FL 33549 USTitle: D (X) Change ( ) Addition  
Name: HUBSMITH, LINDA  
Address: 9251 DAYFLOWER  
City-St-Zip: TAMPA, FL 33647 USTitle: D (X) Change ( ) Addition  
Name: MORGAN, BRIGID  
Address: 8410FENWICK  
City-St-Zip: TAMPA, FL 33647 USTitle: ( ) 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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNETTE PARRISH

D

08/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date