

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003537

FILED
Jun 06, 2008
Secretary of State

Entity Name: VETERANS ALLIANCE, INC.

Current Principal Place of Business:

5555 W LINEBAUGH, SUITE D
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5555 W LINEBAUGH, SUITE D
TAMPA, FL 33624

New Mailing Address:

4812 CLAYMORE
#102
TAMPA, FL 33610

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TYLER, PAUL D F
3338 FOXRIDGE CIRCLE
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

WILLIAMS, REBECCA
2915 E 7TH AVENUE
TAMPA, FL 33605 US

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: REBECCA WILLIAMS

06/06/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUYLE, RICHARD G
Address: 5555 W LINEBAUGH, SUITE D
City-St-Zip: TAMPA, FL 33624

Title: VD (X) Delete
Name: RUYLE, JAMES D
Address: 5555 W LINEBAUGH, SUITE D
City-St-Zip: TAMPA, FL 33624

Title: STD (X) Delete
Name: FARRAGUT, WILLIAM
Address: 5555 W LINEBAUGH, SUITE D
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RUYLE, RICHARD G
Address: 4812 CLAYMORE, #102
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
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 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: RICHARD RUYLE

PD

06/06/2008

Electronic Signature of Signing Officer or Director

Date