

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000007775

FILED
Apr 30, 2006
Secretary of State

Entity Name: MANUFACTURER'S REPRESENTATIVES ALLIANCE, INC.

Current Principal Place of Business:

10641 CLARA MAE DR
DADE CITY, FL 33525

New Principal Place of Business:

2307 SHIRECREST COVE WAY
LUTZ, FL 33558

Current Mailing Address:

10641 CLARA MAE DR
DADE CITY, FL 33525

New Mailing Address:

2307 SHIRECREST COVE WAY
LUTZ, FL 33558

FEI Number: 72-1551996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTON, JAMES F
10641 CLARA MAE DR
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

COSTON, JAMES E
2307 SHIRECREST COVE WAY
LUTZ, FL 33558 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: JAMES E. COSTON

04/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COSTON, JAMES E
Address: 10641 CLARA MAE DR
City-St-Zip: DADE CITY, FL 33525

Title: ST () Delete
Name: COSTON, MICHELE K
Address: 10641 CLARA MAE DR
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COSTON, JAMES E
Address: 2307 SHIRECREST COVE WAY
City-St-Zip: LUTZ, FL 33558

Title: ST (X) Change () Addition
Name: HALL, SCOTT
Address: 1801 N. 52ND STREET
City-St-Zip: TAMPA, FL 33619

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. COSTON

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date