## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000019456

Entity Name: GREAT ALLY USA, INC.

TRULIO, BRUCE

511 NE 94TH STREET

MIAMI SHORES, FL 33138

Name:

Address:

City-St-Zip:

FILED Jan 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 511 NE 94TH STREET **BUILDING 2** MIAMI SHORES, FL 33138 **New Mailing Address: Current Mailing Address:** 511 NE 94TH STREET **BUILDING 2** MIAMI SHORES, FL 33138 FEI Number: 20-2285144 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOPER, STUART D 511 NE 94TH STREET **BUILDING 2** MIAMI SHORES, FL 33138 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition COOPER, STUART D Name: Name: 511 NE 94TH STREET Address: Address: City-St-Zip: MIAMI SHORES, FL 33138 City-St-Zip: Title: () Delete Title: DST (X) Change ( ) Addition Name: SILVERMAN, SCOTT J Name: SILVERMAN, SCOTT J 511 NE 94TH STREET 511 NE 94TH STREET Address: Address: MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 City-St-Zip: City-St-Zip: Title: Title: ASEC ( ) Delete DS (X) Change ( ) Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

TRULIO, BRUCE

511 NE 94TH STREET

MIAMI SHORES, FL 33138

SIGNATURE: SCOTT J. SILVERMAN 01/30/2008 DVT