2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000092763

Entity Name: MEDICAL BILLING ALLIANCE, INC.

FILED May 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1427 N NARRA PLACE

PLEASANT GROVE, UT 84062 US

Current Mailing Address: New Mailing Address:

1427 N NARRA PLACE

PLEASANT GROVE, UT 84062 US

FEI Number: 26-2665541 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:

OMEGA CLEANING SERVICE 7320 E FLETCHER AVE TAMPA, FL 33637

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO CFO () Delete Title: (X) Change () Addition

PALMER, WADE J Name: Name: PALMER, ADAM J 1427 N NARRA PLACE 1427 N NARRA PLACE Address: Address:

City-St-Zip: PLEASANT GROVE, UT 84062 US City-St-Zip: PLEASANT GROVE, UT 84062 US

Title: Title: (X) Change () Addition () Delete

Name: GUEDDAR, ALLADDINE Name: PALMER, WADE J **4739 60TH STREET** Address: 1742 NILES AVENUE Address: SALT LAKE CITY, UT 84116 City-St-Zip: SAN DIEGO, CA 92115 Citv-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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WADE PALMER **CFO** 05/30/2008