

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000092761

1. Entity Name
RALI, INC.



FILED
05 FEB -4 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 799 SANCTUARY DRIVE BOCA RATON, FL 33431	Mailing Address 799 SANCTUARY DRIVE BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



01192005 No Chg-P CR2E034 (10/03) TK

4. FEI Number 65-0875110	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MULLER, CHARLES E II
7385 GALLOWAY RD., STE. 200
MIAMI, FL 33173**

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IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESANTIS, DEAN C 799 SANCTUARY DRIVE BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESANTIS, LAURA H 799 SANCTUARY DRIVE BOCA RATON, FL 33431
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100046658801
02/15/05--01058--007 **400.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: Laura Desantis Laura Desantis 1/27/05 305-670-6770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #