


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
06 FEB -3 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092761
1. Entity Name
RALI, INC.



Principal Place of Business: 799 SANCTUARY DRIVE, BOCA RATON, FL 33431
Mailing Address: 799 SANCTUARY DRIVE, BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2E034 (11/05)
4. FEI Number: 65-0875110 Applied For: Not Applicable
5. Certificate of Status Desired: \$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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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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DESANTIS, DEAN C
STREET ADDRESS	799 SANCTUARY DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	DESANTIS, LAURA H
STREET ADDRESS	799 SANCTUARY DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 1-23-06 305-670-6770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #