

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90363 006 ***150.00

DOCUMENT # P98000092761



1. Entity Name
RALI, INC.

Principal Place of Business
7600 HYANNIS LANE
PARKLAND FL 33067

Mailing Address
7600 HYANNIS LANE
PARKLAND FL 33067

2. Principal Place of Business
799 SANCTUARY DRIVE
Suite, Apt. #, etc.

3. Mailing Address
799 SANCTUARY DRIVE
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
Boca Raton, FL

City & State
BOCA RATON, FL

4. FEI Number 65-0875110

Applied For
Not Applicable

Zip 33431 Country US

Zip 33431 Country US

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESANTIS, DEAN C
7600 HYANNIS LANE
PARKLAND FL 33067

Name
Street Address (P.O. Box Number is Not Acceptable)
799 SANCTUARY DRIVE
City BOCA RATON FL Zip Code 33431

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 *Laura Desantis*
Signature, typed or printed name of registered agent and title if applicable.

DATE 4/22/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DESANTIS, DEAN C	
STREET ADDRESS	7600 HYANNIS LANE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESANTIS, LAURA H	
STREET ADDRESS	7600 HYANNIS LANE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	799 SANCTUARY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	799 SANCTUARY DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE: *Laura Desantis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/22/03

DAYTIME PHONE # 561-394-0053

CR2E034 (10/02)