


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90070 031 \*\*\*150.00

<b>DOCUMENT # L88338</b>			
1. Entity Name GALINA ENTERPRISES, INC.			
Principal Place of Business 1403 DUNN AVENUE #6 JACKSONVILLE, FL 32218 US		Mailing Address 4132 BELLINGHAM COURT JACKSONVILLE, FL 32223 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 5894 PARKSTONE CROSSING DR. Suite, Apt. #, etc.	
City & State		City & State JACKSONVILLE, FL	
Zip	Country	Zip	Country
		32258-5411	
6. Name and Address of Current Registered Agent ETLIN, BORIS L. 4132 BELLINGHAM COURT JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5894 PARKSTONE CROSSING DRIVE City JACKSONVILLE FL Zip Code 32258-5411	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ETLIN, BORIS L. 4132 BELLINGHAM COURT JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5894 PARKSTONE CROSSING DRIVE JACKSONVILLE, FL 32258-5411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ETLIN, GALINA 4132 BELLINGHAM COURT JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5894 PARKSTONE CROSSING DRIVE JACKSONVILLE, FL 32258-5411
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.			
SIGNATURE: <i>Boris L. Etlin</i> BORIS L. ETLIN, PRESIDENT		Date: 1-23-06. <i>904-994-2383</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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4. FEI Number 59-3021161 Applied For Not Applicable

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