## 2006 FOR PROFIT CORPORATION

## **FILED** $\mathbf{M}$

| ANNUAL REPORT   |  |  |                        | Mar 17, 2006 08:00 A              |                                      |  |
|---|--|--|------------------------|-----------------------------------|--------------------------------------|--|
| DOCUMENT # P00000078739 t. Entity Name GALLIANO STUDIOS, INC.   |  |  |                        | Secretary of State                |                                      |  |
| Principal Place<br>9525 SW 16<br>MIAMI, FL 3  |  | Mailing Address<br>9525 SW 163RD CT<br>MIAMI, FL 33196 |                        |                                   | X 1810 BXIII BXIII B <b>X</b> III 88 | 112 <b>28</b> 714 1 <b>828</b> 1 1844 18 <b>88</b> 411 <b>8</b> 1838 13 47 8 <b>88</b> 7 |
| Ε   | OO NOT WRITE   |  | CE                     | 01042006<br>4. FEI Numb<br>65-103 | No Chg-P                             | CRZEG34 (11/05)  Applied For Not Applicable  \$8.75 Additional Fee Required              |
| 6. Name and Address of Current Registered Agent HOLLMAN, FRANCES G 9525 SW 163RD CT MIAMI, FL 33196   |  |  |                        |                                   | NOT W                                | <del>-</del> - <del></del>   |
|   | o named emity submits this statement for<br>tions of registered agent.  Signature, typed or printed name of registered agent a |  | red office or register |                                   | th, in the State of Flo              | orida. I am familiar with, and accept  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |  |  |                        | .00 May Be<br>ed to Fees          |                                      |  |
| 10.  DTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | OFFICERS AND S D HOLLMAN, KENNETH W 9526 SW 163RD CT MIAMI, FL 33196 D HOLLMAN, FRANCES G 9525 SW 163RD CT MIAMI, FL 33196     | PRECTORS   |                        |                                   | 100000<br>03/28/06-<br>NOT W         |  |
| NAME<br>STREET ACCIBERS   |  |  |                        |                                   |                                      |  |

12. Thereby certify that the information supplied with this filing does not qualify for the examptions 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 path, 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: \_

CAY-ST-ZIP

Kenne the W Hollman Fernetti W. HOLLMAN 305-256-8798 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 3-15-06 DRIVER PROMP