


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90193 050 ***150.00

DOCUMENT # P04000067099				
1. Entity Name GALLERIA OF REALTY, INC.				
Principal Place of Business 1631-E VINE STREET KISSIMMEE, FL 34744		Mailing Address 1631-E VINE STREET KISSIMMEE, FL 34744		
2. Principal Place of Business <i>1633 E Vine Street</i>		3. Mailing Address		
Suite, Apt. #, etc. <i>207</i>		Suite, Apt. #, etc.		
City & State <i>Kissimmee Florida</i>		City & State <i>FL</i>		
Zip <i>34744</i>	Country <i>US</i>	Zip	Country	4. FEI Number <i>20-1042179</i>
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable
6. Name and Address of Current Registered Agent RODRIGUEZ, YELIXZA L 1631-E VINE STREET KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent
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, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 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 RODRIGUEZ, YELIXZA L 1631-E VINE STREET KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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>[Signature]</i>				Date <i>01-10-06</i> Daytime Phone # <i>407-933-2900</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE



01102006 Chg-P CR2E034 (11/05)