2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 05, 2006 8:00 am Secretary of State DOCUMENT # P05000133314 1. Entity Name 04-05-2006 90148 006 ***150.00 GALICIAN, INC. Principal Place of Business Mailing Address 103 WEST SECOND AVENUE WINDERMERE FL 34786 103 WEST SECOND AVENUE WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address 103 West Seund Ave P.O. BOX 1386 Suite, Apt. #, etc Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number WINDERMERE WINDERMERCE 76-0802235 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box 34786 V>A Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 103 WEST SECOND AVENUE WINDERMERE FL 34786 Zip Code 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 FILE NOW!!! FEE IS \$150.00 -check Enclosed 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change Addition D ☐ Delete GONZALEZ, RICHARD L NAME NAME STREET ADDRESS STREET ADDRESS 103 WEST SECOND AVENUE CITY-ST-ZIP WINDERMERE FL 34786 CITY-ST-ZIP Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7iP CITY-ST-ZiP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Richard Lee Genralez

GNING OFFICER OR DIRECTOR

FILED