2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# 218707

Entity Name: GALLO INSURANCE AGENCY, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
436 D NORTHLAKE BLVD STE. 214 PALM BEACH GARDENS, FL 33410	4360 NORTHLAKE BLVD STE. 214 PALM BEACH GARDENS, FL 33410

Current Mailing Address:	**New Mailing Address:**
P O BOX 10549 RIVIERA BEACH, FL 33419	P.O. BOX 32099 PALM BEACH GARDENS, FL 33420

FEI Number: 59-0948047   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
HEADLEE, SHARON L 108 TIMBER RUN WEST WEST PALM BEACH, FL 33407 US	

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.

SIGNATURE: _____

        Electronic Signature of Registered Agent   Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: VP ( ) Delete Name: HEADLEE, SHARON L Address: 108 TIMBER RUNWEST City-St-Zip: WEST PALM BEACH, FL 33407	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE G. JOZEFYK   ACCT   06/29/2009

       Electronic Signature of Signing Officer or Director   Date