# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 17, 2005**
**Secretary of State**

DOCUMENT# 718445

**Entity Name:** GALCOM INTERNATIONAL USA, INC.

**Current Principal Place of Business:**

11621 CARROLLWOOD DR.
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

11621 CARROLLWOOD DR.
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number: 23-7248591** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, GARY G.
11621 CARROLLWOOD DR.
TAMPA, FL 33168 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | VD | ( ) Delete |
| Name: | KENT, HAROLD, | |
| Address: | 11637 VILLAREAL DE AVILA | |
| City-St-Zip: | TAMPA, FL | |
| Title: | STD | ( ) Delete |
| Name: | NELSON, MARY | |
| Address: | 11621 CARROLLWOOD DR | |
| City-St-Zip: | TAMPA, FL 33618 | |
| Title: | P | ( ) Delete |
| Name: | NELSON, GARY | |
| Address: | 11621 CARROLLWOOD DR. | |
| City-St-Zip: | TAMPA, FL | |
| Title: | D | ( ) Delete |
| Name: | MAASS, PAUL | |
| Address: | 9231 KINGS RIDGE DR. | |
| City-St-Zip: | TAMPA, FL | |
| Title: | D | ( ) Delete |
| Name: | KARVONEN, DANIEL | |
| Address: | 320 WOODSHIRE DR. | |
| City-St-Zip: | MANKATO, MN 56001 | |
| Title: | D | ( ) Delete |
| Name: | MCGUIRL, ALLAN | |
| Address: | 115 NEBO RD | |
| City-St-Zip: | HAMILTON ONTARIO, CN | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY NELSON P 01/17/2005

Electronic Signature of Signing Officer or Director — Date