

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718445

FILED
Jan 08, 2007
Secretary of State

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: VD (X) Change () Addition
Name: KENT, HAROLD,
Address: 16310 AVILA BLVD
City-St-Zip: TAMPA, FL 33613

Title: ST (X) Change () Addition
Name: NELSON, MARY
Address: 11621 CARROLLWOOD DR
City-St-Zip: TAMPA, FL 33618

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

Title: D (X) Change () Addition
Name: NELSON, MARK
Address: 713 HIGHLANDS AVE.
City-St-Zip: CHARLOTTESVILLE, FL 22903

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 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 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

01/08/2007

Electronic Signature of Signing Officer or Director

Date