2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 01, 2008
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:	16310 AVILA BLVD	
City-St-Zip:	TAMPA, FL 33613	
Title:	ST	( ) 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:	NELSON, MARK	
Address:	713 HIGHLANDS AVE.	
City-St-Zip:	CHARLOTTESVILLE, FL 22903	
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:	D	(X) Change ( ) Addition
Name:	WALKER, PATRICIA K	
Address:	19117 CROOKED LANE	
City-St-Zip:	LUTZ, FL 33549	
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 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 02/01/2008

Electronic Signature of Signing Officer or Director — Date