

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2006
Secretary of State**

DOCUMENT# 725483

Entity Name: GALEN 250 CONDOMINIUM. INC.

Current Principal Place of Business:

250 GALEN DRIVE
KEY BISCAYNE, FL 33149 US

New Principal Place of Business:

Current Mailing Address:

250 GALEN DRIVE
#46
KEY BISCAYNE, FL 33149 US

New Mailing Address:

FEI Number: 59-1467658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CANCIO, JULIE-ANN
C/O 250 GALEN DRIVE, #46
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

CANCIO, JULIE-ANN
C/O 250 GALEN DRIVE
46
KEY BISCAYNE, FL 33149 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: _____ Date: 04/26/2006
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CANCIO, RAMON
Address: 250 GALEN DRIVE #46
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: CARBALLO, GUILLERMO
Address: 250 GALEN DRIVE #35
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T () Delete
Name: PARODI, SYLVIA
Address: 250 GALEN DR. #21
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: HERVAS, TONY
Address: 250 GALEN DR #53
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Delete
Name: DEBS, ANTHONY
Address: 250 GALEN DRIVE #42
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Delete
Name: ANDRIAL, BERTA
Address: 250 GALEN DR #26
City-St-Zip: KEY BISCAYNE, FL 33149

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
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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 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: RAMON CANCIO PD 04/26/2006
Electronic Signature of Signing Officer or Director Date