2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002560

Entity Name: GALLOWAY, ROMERO AND ASSOCIATES, INC.

FILED Jan 05, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5350 DTC F	PARKWAY	CO 801113006					
Current Mailing Address:				New Mailing Address:			
5350 DTC PARKWAY GREENWOOD VILLAGE, CO 801113006				5350 DTC PARKWAY ATTENTION: CHANDRA DOWNEY GREENWOOD VILLAGE, CO 801113006			
FEI Number:	84-1072642	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of	Status Desired ()
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	New Registe	red Agent:
UNITED CO 9200 SOUT MIAMI, FL	TH DADELAND	ERVICES, INC.) BLVD., SUITE 15					
The above in the State	named entity s of Florida.	ubmits this statement for the pur	pose o	f changing it	s registered o	office or regis	tered agent, or both,
SIGNATUR							
	Electroni	c Signature of Registered Agent	t			Date	9
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	GALLOWAY, DA 5350 DTC PARK			Title: Name: Address: City-St-Zip:	GUETIG, DAVII 5350 DTC PAR		
Title: Name: Address: City-St-Zip:	SCALES, JOHN 5350 DTC PARK	Delete WAY (ILLAGE, CO 801113006		Title: Name: Address: City-St-Zip:	SCHIMDTLEIN 5350 DTC PAR		
Title: Name: Address: City-St-Zip:	JONES, DAVID L 5350 DTC PARK			Title: Name: Address: City-St-Zip:	ANDRESEN, JO 5350 DTC PAR		
Title: Name: Address: City-St-Zip:	T () GUETIG, DAVID 5350 DTC PARK GREENWOOD V	A		Title: Name: Address: City-St-Zip:	VP (X JONES, DAVID 5350 DTC PAR GREENWOOD)	
Title: Name: Address: City-St-Zip:	D () SCHMIDTLEIN, 0 5350 DTC PARK ENGLEWOOD, 0	WAY		Title: Name: Address: City-St-Zip:	GALLOWAY, J 5350 DTC PAR		
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	KOCHEVAR, JI 5350 DTC PAR		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

	Flacture is Company of Company Officer or Director		D-1-
SIGNATURE:	DAVID A. GUETIG	Р	01/05/2007