2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004605

Entity Name: GALAVISION, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
1999 AVE OF THE STARS, #3050 LOS ANGELES, CA 90067				9405 NW 41ST ST MIAMI, FL 33178			
Current Mailing Address:				New Mailing Address:			
500 FRAN	NTE CENTRE ' K W. BURR BI (, NJ 07666	WEST LVD., 6TH FLOOR US					
FEI Number: 95-4596951 FEI Number Applied For ()			FEI Nur	FEI Number Not Applicable () Certificate of Status Desired ()			
Name and	l Address of C	urrent Registered Agent:		Name and	Address of	New Registered Agent:	
1200 SOU	PORATION SYS TH PINE ISLAN ION, FL 33324	ND ROAD					
	named entity s e of Florida.	submits this statement for the p	urpose o	of changing i	ts registered	office or registered agent, or both,	
SIGNATUR		i. Ciarata af Davida ad Assa				D-1-	
Flanting Cou		ic Signature of Registered Age	nt			Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	POERENCHIO,	HE STARS, #3050		Title: Name: Address: City-St-Zip:	PERENCHIO, 1999 AVE OF	THE STARS, #3050	
Title: Name: Address: City-St-Zip:	CAHILL, ROBE	HE STARS, #3050		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () HINSON, JEFF 500 FRANK W I TEANECK, NJ			Title: Name: Address: City-St-Zip:	HOBSON, ANI	THE STARS, #3050	
Title: Name: Address: City-St-Zip:	P () RODRIGUEZ, R 9405 NW 41ST MIAMI, FL 331	ST		Title: Name: Address: City-St-Zip:	PRES (X RODRIGUEZ, 9405 NW 41S MIAMI, FL 33	ST ST	
Title: Name: Address: City-St-Zip:	KRANWINKLE,	HE STARS, # 3050		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	MACCANN, SI	V BURR BLVD. 6TH FLOOR	

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.

SIGNATURE: SHAWN MCCANN VTAX 04/26/2006