

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G27406

Entity Name: GALA TIMES, INC.

FILED
Apr 08, 2008
Secretary of State

Current Principal Place of Business:

8819 KANAWHA ROAD
GIBSONTON, FL 33534

New Principal Place of Business:

8825 KANAWHA ROAD
RIVERVIEW, FL 33578

Current Mailing Address:

P.O. BOX 1442
GIBSONTON, FL 33534

New Mailing Address:

FEI Number: 59-2273776 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCEWEN, DAVID B
560 1ST AVE N
SAINT PETERSBURG, FL 33701 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HABECK, LARRY
Address: 8819 KANAWHA RD
City-St-Zip: GIBSONTON, FL 33534

Title: STD () Delete
Name: HABECK, GALA J
Address: 8819 KANAWHA RD
City-St-Zip: GIBSONTON, FL 33534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HABECK, LARRY
Address: 8825 KANAWHA RD
City-St-Zip: RIVERVIEW, FL 33578

Title: STD (X) Change () Addition
Name: HABECK, GALA J
Address: 8825 KANAWHA RD
City-St-Zip: RIVERVIEW, FL 33578

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

SIGNATURE: GALA HABECK

SEC/

04/08/2008

Electronic Signature of Signing Officer or Director

_____ Date