




**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # H66606 1. Entity Name GALLERIA GIFTS, INC.			
Principal Place of Business 2435 N. 12TH AVE PENSACOLA, FL 32503 US		Mailing Address P.O. BOX 30143 PENSACOLA, FL 32503	
DO NOT WRITE IN THIS SPACE			
		01262007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2563833	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, PRISCILLA L 3455 DUNWOODY DR PENSACOLA, FL 32503		DO NOT WRITE IN THIS SPACE	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000603311 02/01/07-80069-005 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JACKSON, PRISCILLA L. 3455 DUNWOODY DRIVE PENSACOLA, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP JACKSON, ANNIE E 3455 DUNWOODY DR PENSACOLA, FL 32503		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JACKSON, CHARLES L 3455 DUNWOODY DR PENSACOLA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  CHARLES L. JACKSON		Date 1/26/07	Daytime Phone # 850-433-6699