2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 2006 08:00 AM Secretary of State DOCUMENT # K88558 1. Entily Name G.A.L. CORP. OF BREVARD Principal Place of Business Mailing Appress 7035 SOUTH A1A 7035 SOUTH A1A MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 59-2952357 Not Applicable Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COPPOLA, GARY J Street Address (P.O. Box Number is Not Acceptable) **7035 SOUTH A1A** MELBOURNE BEACH FL 32951 Zip Code City 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 Signature, typed ix printed name of registerod agons and lifts in approaple (NOTE Registered Agent signature required when roundaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May E After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition litte PSTD THE COPPOLA, GARY J U00000448016 NAME NAME 03/08/06-80080-002 158.75 STREET AUDRESS 7035 SOUTH A1A STREET ADDRESS CITY-SI-ZIP ENY-SI-ZIP MELBOURNE BEACH FL 32951 THLE Change T Action ☐ Defete TITLE MAME HALK STREET ADDRESS STREET ADDRESS CITY-ST-IN G11Y-S7-21P Change ☐ Addill Delete TITLE tite (NAME MAME STREET AUDRESS STREET ADDRESS CATY - ST - ZIP CHY-SI-ZIP ☐ Addir Defete Change TITLE THE NAME MAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP ☐ Change T Acres ☐ Delete TITLE THTLE NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP Detete TITLE Change TIRLE NAML NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZR? 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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 it made under oath, that I am an officer or directly 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 if changed, or on an attachment with an address, with all other like empowered.

FILED

321-728-431

Daytime Phone #

2-23-06