2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# L04000079261

Entity Name: GALLON ENTERPRISES & ESTATES LLC

Current Principal Place of Business:

5183 WELLINGTON PARK CIRCLE
C48
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

5183 WELLINGTON PARK CRICLE
C48
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 59-3821249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLON, EDWARD L
5183 WELLINGTON PARK CIRCLE
C48
ORLANDO, FL 32839 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

MANAGING MEMBERS/MANAGERS:

Title: CEO ( ) Delete
Name: GALLON, EDWARD L
Address: 5183 WELLINGTON PARK CIRCLE C48
City-St-Zip: ORLANDO, FL 32839

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CEO ( ) Change (X) Addition
Name: BOONE, JOSEPH
Address: 5183 WELLINGTON PARK CIRCLE C48
City-St-Zip: ORLAN DO, FL 32839

Title: CFO ( ) Change (X) Addition
Name: GREGORY, ANA
Address: 5183 WELLINGTON PARK CIRCLE C48
City-St-Zip: ORLANDO, FL 32839

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDWARD GALLON CEO 02/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date