2007 FOR PROFIT CORPORATION

Mar 21, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L88338** 03-21-2007 90044 012 ***158.75 GALÍNA ENTERPRISES, INC. Principal Place of Business Mailing Address 00046683 **-5894 PARKSTONE CROSSING DR** 1403 DUNN AVENUE #6 JACKSONVILLE, FL 32258-5411 US-4345 Brandon Glenn Ct JACKSONVILLE, FL 32218 US Jackson Ville, F132258-1297 02222007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE1 Number 59-3021161 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FTUN BORIST 5894 PARKSTONE CROSSING DR JACKSONVILLE, FL 32258 5414 4345 Brandon Glenn Ct. IN THIS SPACE Jacksonville, F1.32258-1297 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 or printed name of registered agent and title if applicable, (NOTE: Registered Agent sonature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Γ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 4345 Brandon Olenic ETLIN. BORIS L. NAME STREET ADDRESS **5894 PARKSTONE CROSSING DR-**JACKSONVILLE, FL 322585411 32258 - 1297 CITY-ST-ZIP TITLE 4345 Brandon Olenn Ct NAME 5094 PARKSTONE CROSSING DR STREET ADDRESS JACKSONVILLE, FL 223585414 32258-1297 CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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 proportied.

SIGNATURE:

STREET ADDRESS

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

CITY-ST-ZIP

FILED

Applied For

Not Applicable