

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008768

FILED
Jul 27, 2006
Secretary of State

Entity Name: GALA CORINA INC.

Current Principal Place of Business:

1731 TALLOWTREE CIRCLE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

1731 TALLOWTREE CIRCLE
VALRICO, FL 33594

New Mailing Address:

FEI Number: 52-2403756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KROSLAK, AMARIS L MRS
1731 TALLOWTREE CIRCLE
VALRICO, FL 33594 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KROSLAK, AMARIS L MRS
Address: 1731 TALLOWTREE CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: VP () Delete
Name: LANGLEY, JOHN MR.
Address: 1217 EAST DR. MARTIN LUTHER KING JR. BLVD
City-St-Zip: TAMPA, FL 33603

Title: VP () Delete
Name: YORK JR., WILLIAM J MR.
Address: 6013 TANGLEWOOD DRIVE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VP () Delete
Name: MINOR, SHANNON A MS
Address: 7612 NORTH OLA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: VP (X) Delete
Name: ELZA, JUSTIN A MR
Address: 7612 NORTH OLA AVENUE
City-St-Zip: TAMPA, FL 33604

Title: SEC (X) Delete
Name: KROSLAK, STEPHAN MR
Address: 1731 TALLOWTREE CIRCLE
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: SEC (X) Change () Addition
Name: KROSLAK, STEPHAN F MR
Address: 1731 TALLOWTREE CIRCLE
City-St-Zip: VALRICO, FL 33594

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

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

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

SIGNATURE: AMARIS L KROSLAK

PRES

07/27/2006

Electronic Signature of Signing Officer or Director

Date