

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2006  
Secretary of State**

DOCUMENT# N43500

Entity Name: THE GALAA RAINBOW CLUB, INC.

**Current Principal Place of Business:**

108 W MINNEHAHA ST  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

108 W MINNEHAHA ST  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 59-3061779      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEACH, WILLIAM P  
108 W MINNEHAHA ST  
TAMPA, FL 33604      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: D ( ) Delete  
Name: BARCO, KEN W,  
Address: 2109 HILLS AVE UNIT C  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: BODYCOTT, ROBERT J,  
Address: 10710 N DIXON AVE  
City-St-Zip: TAMPA, FL

Title: DS ( ) Delete  
Name: LEACH, WILLIAM,  
Address: 108 W MINNEHAHA ST  
City-St-Zip: TAMPA, FL

Title: D ( ) Delete  
Name: DENNIS, RAY,  
Address: 3109 KNIGHTS AVE  
City-St-Zip: TAMPA, FL

Title: DV (X) Delete  
Name: HICKS, CORALEE,  
Address: 8027 N NEWPORT AVE  
City-St-Zip: TAMPA, FL

Title: DP (X) Delete  
Name: HICKS, JEFF,  
Address: 3001 HORATIO ST #6  
City-St-Zip: TAMPA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GOLDSMITH, CHRIS  
Address: 1500 ARRAWANA AVE  
City-St-Zip: TAMPA, FL 33629

Title: DT (X) Change ( ) Addition  
Name: MAXWELL, STANLEY  
Address: 4460 DUNMORE AVE #10  
City-St-Zip: TAMPA, FL 33611

Title: DS (X) Change ( ) Addition  
Name: WALKINSHAW, ASHLEIGH  
Address: 4309 1/2 N CENTRAL AVE  
City-St-Zip: TAMPA, FL 33603

Title: D (X) Change ( ) Addition  
Name: LEACH, WILLIAM  
Address: 108 W MINNEHAHA ST  
City-St-Zip: TAMPA, FL 33604

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: WILLIAM P. LEACH

D

04/06/2006

Electronic Signature of Signing Officer or Director

Date