

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43500

FILED
Jan 27, 2007
Secretary of State

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: DP () Delete
Name: GOLDSMITH, CHRIS
Address: 1500 ARRAWANA AVE
City-St-Zip: TAMPA, FL 33629

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: MAXWELL, STANLEY
Address: 5007 W. COLONIAL DRIVE, APT. 9
City-St-Zip: TAMPA, FL 33611

Title: DS (X) Change () Addition
Name: GARVEY, JAMES M
Address: 301 W. PLATT STREET, #255
City-St-Zip: TAMPA, FL 33606

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

01/27/2007

Electronic Signature of Signing Officer or Director

Date