


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # P0000031171
 1. Entity Name
 GALLOWAY ENTERPRISES, CORP.



Principal Place of Business Mailing Address
 581 GALLOWAY DR 581 GALLOWAY DR
 DELTONA, FL 32725 DELTONA, FL 32725

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1001481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RACINI, BEATRIZ P
 15919 S.W. 90TH COURT
 MIAMI, FL F3315-7

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transferring)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GALLOWAY, JORGE E 587 GALLOWAY DR DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD GALLOWAY, FABIANA B 581 GALLOWAY DR DELTONA, FL 32725
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12. I hereby certify that the information supplied with this filing 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 prepare 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 fees empowered.

SIGNATURE: Jorge E. Galloway 4/3/2007 386-575-2666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #