2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000082823

1. Entity Name

GALLOWAY HOME BUILDERS, INC.



Principal Place of Business

8145 S.W. 123 AVE MIAMI, FL 33183 Mailing Address

8145 S.W. 123 AVE MIAMI, FL 33183

FILED Mar 30, 2007 8:00 am Secretary of State

03-30-2007 90129 016 ***150.00

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DO	NOT	WRITE	IN	THIS	SPACE
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01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1042306 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

DELGADO, ROLANDO 2665 S. BAYSHORE DR. #200 MIAMI, FL 33131

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the above named entity subtritis 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.								
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD FERNANDEZ, CARLOS G 120 NW 87 AVENUE F-10 MIAMI, FL 33143							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
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12. I hereby 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 empowered.								