

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000022016

FILED
Mar 10, 2006
Secretary of State

Entity Name: GALLERIA DESIGNS BRASIL INC.

Current Principal Place of Business:

105 DOCKSIDE CIRCLE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

105 DOCKSIDE CIRCLE
#1104
WESTON, FL 33327

New Mailing Address:

105 DOCKSIDE CIRCLE
WESTON, FL 33327

FEI Number: 65-1076504 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMACHE, BRUCE J
105 DOCKSIDE CIRCLE
WESTON, FL 33327 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: GAMACHE, BRUCE J
Address: 105 DOCKSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: VD () Delete
Name: GILBERTO, PATRICIA
Address: 105 DOCKSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: BRUCE J. GAMACHE

PRES

03/10/2006

Electronic Signature of Signing Officer or Director

_____ Date