## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000055435

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## 1. Entity Name **Secretary of State** JOHN GALT ENTERTAINMENT, INC. Now July Principal Place of Business Mailing Address 7680 UNVETBALBLVD, SUITE 566 2817 WENDAWENLE, #126 **CFLANDQ FL 32819** W6-MILE TN 37203 CR2E034 (11/05) No Chq-P 01132006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1829127 Not Appliese \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MURPHY, LENNON DO NOT WRITE 7680 UNIVERSAL BLVD., SUITE 565 ORLANDO, FL 32819 IN THIS SPACE 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 acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the pur the obligations of registered agent. Lennon alure required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MURPHY, LENNON 11000000330452 STREET ADDRESS 7680 UNIVERSAL BLVD., SUITE 565 C(TY-ST-7)P ORLANDO, FL 32819 01/23/06-80026-016 150.00 TITLE NAME PRINGLE, JEFFREY STREET ADDRESS 7680 UNIVERSAL BLVD., SUITE 565 CITY-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS DO NOT WRITE DITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP me NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 ii changed, or on an attachment with an address, with all other like empowered.

FILED Jan 18, 2006 08:00 AM

1/13/06 (615)429-0000