


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 26, 2006 8:00 am
Secretary of State


04-27-2006 90204 019 ***150.00

DOCUMENT # P03000025458 1. Entity Name GALLEY & ASSOCIATES, INC.	
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Principal Place of Business 950 1ST STREET SOUTH SUITE 103 WINTER HAVEN, FL 33880	Mailing Address 950 1ST STREET SOUTH SUITE 103 WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE

66017325



04262008 No Chg-P CR2E034 (11/05)

4. FEI Number 72-1553421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GALLEY, LESLIE
950 1ST STREET SOUTH
SUITE 103
WINTER HAVEN, FL 33880**

**DO NOT WRITE
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 accept the obligations of registered agent.

SIGNATURE: *Leslie Galley* (NOTE: Registered Agent signature required when releasing) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST GALLEY, LESLIE 950 1ST STREET SOUTH, SUITE 103 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Leslie Galley* (NOTE: Registered Agent signature required when releasing) DATE: _____ Daytime Phone: _____