2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Jan 23, 2006 08:00 AN DOCUMENT # P03000142098 **Secretary of State** 1. Entity Name ROBERT GALLION, INC. Principal Place of Business Mailing Address 4492 ALLABOARD DR 4492 ALLABOARD DR MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 55-0852315 Not Applicat: Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALLION, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 4492 ALLABOARD DR MIDDLEBURG FL 32068 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME GALLION, ROBERT A NAME STREET ADDRESS 4492 ALLABOARD DR STREET ADDRESS CITY - ST - ZIP MIDDLEBURG FL 32068 CITY-ST-ZIP TILLE ☐ Delete TITLE ☐ Change Addition NAME NAME 1000000393776 STREET ADDRESS STREET ADDRESS 01/25/06 80035-008 150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delote TITLE ☐ Change 🔲 Addijio NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addijii NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IME ☐ Delete TITLE ☐ Change ☐ Adapa NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP TIME ☐ Delete TIFLE ☐ Change Addin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78F CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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.

FILED

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