

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000108257

FILED  
Aug 04, 2005  
Secretary of State

Entity Name: GALE FORCE INTERNATIONAL, INC.

## Current Principal Place of Business:

13620 49TH STREET NORTH  
CLEARWATER, FL 33767

## New Principal Place of Business:

19811 GULF BLVD APT 203  
INDIAN SHORES, FL 33785

## Current Mailing Address:

PO BOX 3924  
CLEARWATER, FL 33767

## New Mailing Address:

FEI Number: 20-3251560      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GALE, MONA  
13620 49TH STREET NORTH  
CLEARWATER, FL 33767      US

## Name and Address of New Registered Agent:

GALE, MONA  
19811 GULF BLVD APT 203  
INDIAN SHORES, FL 33785      US

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

08/04/2005

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: GALE, MONA  
Address: 13620 49TH STREET NORTH  
City-St-Zip: CLEARWATER, FL 33767

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: GALE, MONA  
Address: 19811 GULF BLVD APT 203  
City-St-Zip: INDIAN SHORES, FL 33785

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MONA GALE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

08/04/2005

\_\_\_\_\_  
Date