


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90022 021 \*\*\*150.00

<b>DOCUMENT # P04000133026</b>		
1. Entity Name GIADAN, INC.		

Principal Place of Business 2152 PORTOFINO PLACE # 298 PALM HARBOR, FL 34683 US	Mailing Address 2152 PORTOFINO PLACE # 298 PALM HARBOR, FL 34683 US
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**DO NOT WRITE IN THIS SPACE**



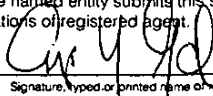

07062006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1665033	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GALURA, ENRIQUE Y M.D. 2152 PORTOFINO PLACE #298 PALM HARBOR, FL 34683
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**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 	DATE 
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALURA, ENRIQUE Y DR 2152 PORTOFINO PLACE #298 PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADM GALURA, VIRGINIA I MRS 2152 PORTOFINO PLACE #298 PALM HARBOR, FL 34683
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.

<b>SIGNATURE:</b> 	Date 	Daytime Phone # 
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		