

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-12-2006 90005 021 ***150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40095303



05172006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000014575 1. Entity Name RICHARD GALLI, INC																							
Principal Place of Business 708 LEGION DRIVE #2 DESTIN, FL 32541 US		Mailing Address 708 LEGION DRIVE #2 DESTIN, FL 32541 US																					
2. Principal Place of Business 3012 N OAK street Suite, Apt. #, etc.		3. Mailing Address 3012 N OAK street Suite, Apt. #, etc.																					
City & State Crestview FL 32539 Zip 32539 Country USA		City & State Crestview FL 32539 Zip 32539 Country USA																					
4. FEI Number 651241109		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 GALLI, RICHARD 708 LEGION DRIVE #2 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																					
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 <i>Richard Galli</i> DATE 06/01/06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">GALLI, RICHARD</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">708 LEGION DRIVE #2</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">DESTIN, FL 32541</td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	GALLI, RICHARD		STREET ADDRESS	708 LEGION DRIVE #2		CITY-ST-ZIP	DESTIN, FL 32541		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td rowspan="3">3012 North Oak Street</td> </tr> <tr> <td>STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Crestview FL 32539</td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	3012 North Oak Street	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	Crestview FL 32539
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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: <i>Richard Galli</i>		DATE: 06/01/06 DAYTIME PHONE: 850-1099-2179																					