


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90185 016 ***150.00

DOCUMENT # P05000165560		
1. Entity Name GAL FRIDAY MOBILE SERVICES, INC.		

Principal Place of Business 8605 WEST SAMPLE ROAD. #309 CORAL SPRINGS, FL 33065	Mailing Address 8605 WEST SAMPLE ROAD. #309 CORAL SPRINGS, FL 33065
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40057301

2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Mark T. Ingber CPA PA	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10100 West Sample Road #326	
City & State		City & State Coral Springs, FL	
Zip	Country	Zip	Country
		33065-3993	US



04102007 Chg-P CR2E034 (12/06)

4. FEI Number 15-3206192	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MYLES, ROSEANNE 8605 WEST SAMPLE ROAD. #309 CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D MYLES, ROSEANNE 8605 WEST SAMPLE ROAD. #309 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Roseann Myles</u>	<u>Roseann Myles, President</u>	<u>4/10/07</u>	<u>954-510-0109</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>