

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P15407

1. Entity Name  
 GALLARD-SCHLESINGER INDUSTRIES, INC.



Principal Place of Business  
 245 NEWTON ROAD  
 305  
 PLAINVIEW, NY 11803 US

Mailing Address  
 245 NEWTON ROAD  
 305  
 PLAINVIEW, NY 11803 US



02132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 11-1768628	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_

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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

U00000641916  
 03/01/07-80018-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR KOHLPAINTNER, CHRISTIAN 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SCHAUB, HARALD 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LIM, DOUGLAS 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR LESSER, MICHAEL 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS MORRILL, DINA 245 NEWTON ROAD PLAINVIEW, NY 11803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07  
 Date

516 683-6913  
 Daytime Phone #