2003 FOR PROFIT CORPORATION

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Apr 25, 2008 08:00 AN Secretary of State **DOCUMENT # P95000034824** A GALLANT GARNITURE, INC. Mailing Address Principal Place of Business 14097 GREENTREE DRIVE P.O. BOX 822 WELLINGTON, FL 33414 LOXAHACHEE, FL 33470 CR2E034 (11/05) No Cha-P 04222008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0597262 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KORTUM, ELIZABETH DO NOT WRITE 14097 GREENTREE DR WELLINGTON, FL 33414 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 Soneture, typed or printed name of registered event and title if applicable (NOTE, Registered Agent signature required when rematating) H00000921209 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 05/14/08-80075-008 158.75 After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HAME KORTUM, ELIZABETH STREET ADDRESS 14097 GREENTREE DRIVE WELLINGTON, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:	Cosabath R. Nortum	ELIZABETH LUANA	KORTUN	PRESIDENT	1/22/08	561-791-1511
DIMATURE AND TYPED OR PRINTED MAINS OF SIGNING OFFICER OR DIRECTOR				Date	Daytimé Phone #	