## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 24, 2006 08:00 AN Secretary of State

Action Name and Address of Current Registered Agent  DO NOT WRITE IN THIS SPACE    TAMARAC, R. 33321	DOCUMENT # P96000062709  1. Entity Name GALE GREETINGS, INC.					Secretary of State	
DO NOT WRITE IN THIS SPACE    A. FEI Number   65-0687/054   Applied For   65-0687/054   S. Certification of Status Desired   \$8.15 Additional   Foe Required   \$8.15 Additional   \$8.15 Additional	8464 NW 78	ст	3464 NW 78 CT				
CALLAHAN, KAREN 8464 NW 78TH CT TAMARAC, FL 33321  8. The above named or 1 y 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  THE NOW!!! FEE IS \$150.00  9. Election Campaign Financing Trust Fund Contribution.  0. OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  CALLAHAN, KAREN 8464 NW 78 CT  TOTH STAP  TAMARAC, FL 33321  DO NOT WRITE INTEL NAME SIRET ADDRESS CITY 51 2P  THE NAME SIRET ADRESS CITY 51 2P  THE NAME SIRET ADDRESS CITY 51 2P  THE NAME SIRET ADDRESS CITY 51 2P  THE NAME SIRET ADDRESS CITY 51 2P  THE NAM	D			CE	01092006 4. FEI Numb 65-068	No Chg-P         CR2E034 (11/05)           er         Applied For           7054         Not Applicable           of Status Dasied         \$8.75 Additional	
SIGNATURE Signature, typed or printed name of registered agent and sits of scoticable.  PILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  TITLE NAME SIRED ADMISS CHY-51-2P  TITLE NAME SI	8464 NW 7	N, KAREN 78TH CT					
After May 1, 2006 Fee will be \$550.00  Trust Fund Contribution. Added to Fees 05/05/06-80014-025 150.00  TO OFFICERS AND DIRECTORS  TITLE DAMAIN, KAREN 8464 NW 78 CT TAMARAC, FL 33321  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CI	the obligations of reç istered agent.  SIGNATURE						
TITLE MAME STREET ADDRESS CITY-ST-ZP TAMARAC, FL 33321  TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZP	After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.						
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NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS						
mujcated on this report of suppliemental report is true and according and that my signature shall have the same legal effect as it made under oath; that i am an omicer of director	NAME STREET ADDRESS CITY-ST-ZIP	vertify that the information supplied with this on this report or supplemental report is true	filing does not qualify for the ex	emptions contains	ed in Chapter 118 a same legal effer	a, Florida Statutes. I further certify that the information of the sign of the certify that the information of the certify that I am an officer or director.	