

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000044285

Entity Name: JIM GALUP ENTERPRISES, INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

1725 S. FEDERAL HWY
13-6
DELRAY BEACH, FL 33483

New Principal Place of Business:

317 WEST MALLORY CIRCLE
DELRAY BEACH, FL 33483 US

Current Mailing Address:

2040 ALTA MEADOWS LN.
#1610
DELRAY BEACH, FL 33444

New Mailing Address:

317 WEST MALLORY CIRCLE
DELRAY BEACH, FL 33483 US

FEI Number: 65-0838246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALUP, DIANNE M
2560 WHISPERING OAKS LANE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

GALUP, DIANNE M
317 WEST MALLORY CIRCLE
DELRAY BEACH, FL 33483 US

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.

SIGNATURE:

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALUP, JAMES M
Address: 10349 PARADISE VALLEY DRIVE
City-St-Zip: CONROE, TX 77304

Title: V () Delete
Name: GALUP, DIANNE M
Address: 2040 ALTA MEADOWS LN #1610
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GALUP, JAMES M
Address: 317 WEST MALLORY CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: V (X) Change () Addition
Name: GALUP, DIANNE M
Address: 317 WEST MALLORY CIRCLE
City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE M. GALUP

V

04/27/2005

Electronic Signature of Signing Officer or Director

Date