2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048524

Entity Name: LA GALLERIE FRANCAISE, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

353 EAST FORSYTH STREET 13133 PROFESSIONAL DRIVE, # 100 JACKSONVILLE, FL 32202

JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

13133 PROFESSIONAL DRIVE, #100 353 EAST FORSYTH STREET

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32225

FEI Number: 59-3518767 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALLEN, GLENN K NADINE, SABATIER 353 EAST FORSYTH STREET

13133 PROFESSIONAL DRIVE, #100 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32225

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: NADINE SABATIER 04/28/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

SABATIER, NADINE SABATIER, NADINE Name: Name:

353 EAST FORSYTH STREET 13133 PROFESSIONAL DRIVE, #100 Address: Address:

City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32225

() Delete Title: (X) Change () Addition Title:

Name: ANDRE, OLIVIER Name: ANDRE, OLIVIER

353 EAST FORSYTH STREET Address: 13133 PROFESSIONAL DRIVE, # 100 Address:

JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32225 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: NADINE SABATIER D 04/28/2006