


2007 FOR PROFIT CORPORATION ANNUAL REPORT.

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT #: P98000055483

1. Entity Name
 CORPBANG, INC.



Principal Place of Business Mailing Address

1220 SOUTHEAST 59TH STREET 1220 SOUTHEAST 59TH STREET
 OCALA, FL 34480 US OCALA, FL 34480 US

DO NOT WRITE IN THIS SPACE



04022007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3530334 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLINARO, ROBERT N
 1220 SE 59TH STREET
 OCALA, FL 34480

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GALLINARO, ROBERT N
STREET ADDRESS	1220 SE 59TH STREET
CITY - ST - ZIP	OCALA, FL 34480
TITLE	D
NAME	GALLINARO, NANCY M
STREET ADDRESS	1220 SE 59TH STREET
CITY - ST - ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Robert N. Gallinaro* ROBERT N. GALLINARO 4/10/07 (350) 875-9357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #