
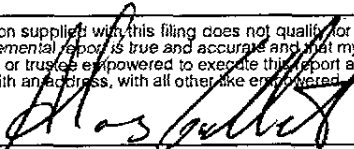


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # P98000100434		
1. Entity Name GALLET & ASSOCIATES GULF COAST, INC.		
Principal Place of Business 3355 COPTER RD SUITE 8 PENSACOLA, FL 32514	Mailing Address 3355 COPTER RD STE 8 PENSACOLA, FL 32514	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DOHMS, PETER 3355 COPTER RD. SUITE 8 PENSACOLA, FL 32514		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLET, ALAIN J 320 BEACON PARKWAY WEST BIRMINGHAM, AL 352093104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLET, SANDRA 320 BEACON PARKWAY WEST BIRMINGHAM, AL 352093104	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHMS, PETER H 3355 COPTER RD. SUITE 8 PENSACOLA, FL 32514	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  ALAIN GALLET		Date 4/10/06 205-942-1289



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 63-1213967	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000000509611
04/28/06-80051-006 150.00

**DO NOT WRITE
IN THIS SPACE**