2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100434

Entity Name: GALLET & ASSOCIATES GULF COAST, INC.

FILED Jul 08, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
3355 COPTER RD SUITE 8 PENSACOLA, FL 32514		9900 NORTH DAVIS HIGHWAY PENSACOLA, FL 32514		
Current Mailing Address:		New Mailing Address:		
3355 COPTER RD STE 8 PENSACOLA, FL 32514		9900 NORTH DAVIS HIGHWAY PENSACOLA, FL 32514		
FEI Number: 63-1213967 FEI Numb	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
DOHMS, PETER 3355 COPTER RD. SUITE 8 PENSACOLA, FL 32514 US				
The above named entity submits this in the State of Florida.	statement for the pur	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		t	Date	
In accordance with s. 607.193(2)(b), F.S., Election Campaign Financing Trust Fund	•	receive the prior notice.		

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GALLET, ALAIN J GALLET, ALAIN J Name: Name: 320 BEACON PARKWAY WEST Address: 110 NORTH 12TH STREET Address: City-St-Zip: BIRMINGHAM, AL 352093104 City-St-Zip: BIRMINGHAM, AL 35203 Title: () Delete Title: (X) Change () Addition GALLET, SANDRA Name: GALLET, SANDRA Name: Address: 320 BEACON PARKWAY WEST Address: 110 NORTH 12TH STREET BIRMINGHAM, AL 352093104 BIRMINGHAM, AL 35203 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: DOHMS, PETER H Name: DOHMS, PETER H 3355 COPTER RD. SUITE 8 Address: 9900 NORTH DAVIS HIGHWAY Address: City-St-Zip: PENSACOLA, FL 32514 City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify 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: ALAIN J GALLET D 07/08/2008