2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 16, 2005 08:00 AM Secretary of State

	ANNUAL I	REPORT				0, 2008 00.00	<u>،</u>
_	MENT # S41496		}	Se	cretary of Sta	te	
ESPECIALLY FOR CHILDREN EAU GALLIE, INC.							
ESPECIA	ALLY FOR CHILDREN EAU G/	ALLIE, INC.		<u> </u>			
Principal Plac	ce of Business	Mailing Address	•	1			
	GALLIE BLVD	P O BOX 360267		Į			
indian hari	BOUR BCH, FL 32937 US	MELBOURNE, FL 32936					
					1) 83 <b>99</b> )   66) 81 <b>9</b> 19 19119 81	II <b>ere</b> n <b>die</b> n <b>bio</b> n bion bion bion bioning	
DO NOT WRITE IN THIS SPACE				02042005	No Chg-P	CR2E034 (10/03)	
			CE			Applied For	
_				4. FEI Numb 59-306		Not Applica	_
				5. Certificate	of Status Desired	\$8.75 Additional	
	5. Name and Address of Current Reg	istered Agent	1		the second secon	Fee Required	
			- <del>4-140-0-4</del>	· · · · · · · · · · · · · · · · · · ·	<del>-                                    </del>	-· -	
THOMAS, CYNTHIA D. 3219 S. ATLANTIC AVENUE				<b>DO</b>	NOT W	RITE	
COCOA BEACH, FL 32931				INI '	THIS SE	MACE	
				IIN	i nio or	ACE	
8. The above	named entity submits this statement for the	purpose of changing its register	ed office or register	ed agent, or bo	oth, in the State of Flo	orida. I am familiar with, and acce	pt
the obligat	tions of registered agent.			•			
SIGNATURE.	Signature, typed or printed name of registered agent and to	lig if poolingblo DIOTE Books on	d Agent signalure required	Luthan salaistasina)		DATE	
	and the state of t	(SOLE NOBISE	a water and setting leadings.	witer remarkation	<del></del>	Date	_
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fin.  Trust Fund Contribution				.00 May Be ed to Fees	<u> </u> 		
10.	OFFICERS AND DIR	ECTORS				The state of the s	·· , 45
TITLE NAME	DP THOMAS, CYNTHIA D.		***************************************			<u></u>	
STREET ADDRESS	3219 S. ATLANTIC AVENUE				- IIUUUUUL	1231168	
CITY-\$T-ZIP	COCOA BEACH, FL 32931				02/16/05-	831168 80019-025 150.00	
TITLE	DST THOMAS ALBERT II	· · · · · · · · · · · · · · · · · · ·				<u>*</u>	
NAME STREET ADDRESS	THOMAS, ALBERT M 3219 S, ATLANTIC AVENUE						
CITY-ST-ZIP	COCOA BEACH, FL 32931						
TITLE						- Are	
NAME STREET ADDRESS							
CITY-ST-ZIP				DO	NOT W	RITE	
IIILE			# 1 ** ** *****************************	INI '	THIS SE		
NAME			[	11.4	iiiio or	AUE	
STREET ADDRESS  CITY-ST-ZIP			]				
TITLE					<u></u>	- North Control of the Control of th	
NAME			]				
STREET ADDRESS			ł				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 9.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05 Date

Daytime Phone #