

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J92159

FILED
Apr 21, 2009
Secretary of State

Entity Name: GALLET ENTERPRISES, INC.

Current Principal Place of Business:

236 SW PAAR DR
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

236 SW PAAR DR
PORT SAINT LUCIE, FL 34953 US

New Mailing Address:

FEI Number: 65-0006743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLET, YVES
236 SW PAAR DRIVE
PORT ST. LUCIE, FL 43953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GALLET, YVES
Address: 236 SW PAAR DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: GALLET, LISA
Address: 236 SW PAAR DR
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YVES GALLET

_____ Electronic Signature of Signing Officer or Director

PRES

04/21/2009

_____ Date