


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000099795
 1. Entity Name
 GALANGAL, INC.



Principal Place of Business
 11728 GLACIER BAY DR
 JACKSONVILLE, FL 32256

Mailing Address
 11728 GLACIER BAY DR
 JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number
 57-1241298 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, PHET T
 11728 GLACIER BAY DR
 JACKSONVILLE, FL 32256

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000945043
 05/29/08 00122 016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	THOMPSON, PHET T
STREET ADDRESS	11728 GLACIER BAY DR
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DV
NAME	THEPSOUVANH, VORADET
STREET ADDRESS	4592 SHILOH MILL BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	DS
NAME	THOMPSON, PATRICK L
STREET ADDRESS	422 20TH ST
CITY-ST-ZIP	ATLANTIC BCH, FL 32233
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  4-30-8
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #