


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90068 050 ***150.00

DOCUMENT # P92000002410

1. Entity Name
 GALATEA DESIGN, INC.



Principal Place of Business
 12765 FOREST HILL BLVD., SUITE 1302
 WELLINGTON, FL 33414

Mailing Address
 12765 FOREST HILL BLVD., SUITE 1302
 WELLINGTON, FL 33414 US

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

4. FEI Number
 65-0364931

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DE MENDOZA, MARIO III G PA
 12765 FOREST HILL BLVD., SUITE 1302
 WELLINGTON, FL 33414

40013325



01302007 Chg-P CR2E034 (12/06)

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DE MENDOZA, MARIO G III	
STREET ADDRESS	12765 FOREST HILL BLVD., SUITE 1302	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DE MENDOZA, MARIO G	
STREET ADDRESS	12765 FOREST HILL BLVD., SUITE 1302	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	P	<input type="checkbox"/> Delete
NAME	KROEGER, BARBARA	
STREET ADDRESS	12765 FOREST HILL BLVD., SUITE 1302	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE	VP	<input type="checkbox"/> Delete
NAME	IRONS, G. CHESTER	
STREET ADDRESS	12765 FOREST HILL BLVD., SUITE 1302	
CITY-ST-ZIP	WELLINGTON, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	de Mendoza, Mario G., III	
STREET ADDRESS	12765 Forest Hill Blvd., Suite 1302	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X Barbara Kroeger, Pres. X 2/8/2007 (722) 492-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #