2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 11, 2007 8:00 am Secretary of State **DOCUMENT # P99000016430** 04-11-2007 90017 026 ***150.00 GALATI ENTERPRISES, INC. Principal Place of Business Mailing Address 400000 207 BLACK LAKE ROAD PO BOX 4133 OSTEEN, FL 32764 DELTONA, FL 32725 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04012007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0896674 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALATI, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 207 BLACK LAKE ROAD OSTEEN, FL 32764 City 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE Change Addition GALATI, STEPHEN NAME NAME STREET ADDRESS 207 BLACKLAKE RD. STREET ADDRESS CITY-ST-ZIP OSTEEN, FL 32764 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition GALAK, ANGELA NAME NAME STREET ADDRESS 207 BLACKLAKE RD. STREET ADDRESS OSTEEN, FL 32764 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITEE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP 12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all gither like approximation. changed, or on an attachme

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #