


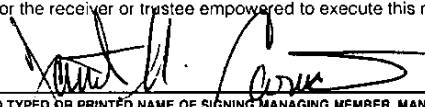


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # L03000037471</b> 1. Entity Name <b>GALIANO TRADE LTD. CO.</b>					
Principal Place of Business <b>360B SOUTH SHORE DR. SARASOTA, FL 34234</b>			Mailing Address <b>360B SOUTH SHORE DR. SARASOTA, FL 34234</b>		
2. Principal Place of Business <b>35 Barrack Rd.</b>		3. Mailing Address <b>1220 N. Market St.</b>		 03312005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>Suite 808</b>			
City & State <b>Belize City</b>		City & State <b>Wilmington, DE</b>			
Zip 	Country <b>Belize</b>	Zip <b>19801</b>	Country 		
4. FEI Number <b>NOT APPLICABLE</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FLETCHER, W. RICK 360 SOUTH SHORE DR. SARASOTA, FL 34234</b>				7. Name and Address of New Registered Agent Name <b>Florida Filing &amp; Search Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1333 N. Duval St.</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32302</b>	
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 				DATE <b>4-22-05</b>	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete <b>INTERNATIONAL CONSULTING SERVICES LIMITED</b> <b>35 BARRACK RD.</b> <b>BELIZE CITY, BELIZE, C.A.,</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <b>Sand M. Caruccio, Auth. rep</b> <b>4-7-05</b> <b>303-481-5752</b>					