

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90097 018 ***150.00

DOCUMENT # P00000067721 1. Entity Name GALATIA INC.																					
Principal Place of Business 3665 BONITA BEACH ROAD STE. 3 BONTIA SPRINGS, FL 34134		Mailing Address 3665 BONITA BEACH ROAD STE. 3 BONTIA SPRINGS, FL 34134																			
2. Principal Place of Business - No P.O. Box # 28000 Spanish Wells Blvd Suite, Apt. #, etc.		3. Mailing Address 28000 Spanish Wells Blvd Suite, Apt. #, etc.																			
City & State Bonita Springs, FL 34135 Zip		City & State Bonita Springs, FL Zip																			
Country USA		Country USA																			
4. FEI Number 52-2257675		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent ALLURE ACCOUNTING, LLC 3665 BONITA BEACH ROAD STE. 3 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Amburn, James W Street Address (P.O. Box Number is Not Acceptable) 28000 Spanish Wells Blvd City Bonita Springs FL Zip Code 34135																			
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>AMBURN, JAMES W</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>28000 SPANISH WELLS BLVD BONTIA SPRINGS, FL 34135</td> <td></td> </tr> </table>		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	AMBURN, JAMES W		CITY - ST - ZIP	28000 SPANISH WELLS BLVD BONTIA SPRINGS, FL 34135		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY - ST - ZIP		
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-13-07 Daytime Phone # 239-992-4576																			