2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90969 028 ***150.00

1. Entity Nam	MENT # P0400006 GAL & BLEEKER CONSUI					03	-02-2003 903		130.00	
District Dist							danio			
Principal Place of Business Mailing Address 318 SW COCONUT KEY WAY 318 SW COC			IT VEV WAV							
PORT ST LUCIE, FL 34986		318 SW COCONUT KEY WAY Port St Lucie, FL 34986								
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2. Principal Place of Business		3. Mailing Address								
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Suite, Apt. #, etc.		Suite, Apt. #, etc			04262005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State				4. FEI Number 56-245	56844			oplied For of Applicable
Zip	Country	Zip	Cou	ntry	_	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curre	nt Registered Agent	tt			7. Name and	Address of New	Registered A	gent	
			Name Roberta Salino							
SALINO, ROBERTA 9927 KAMONA CIR				Street, Address (P.O. Box Number is Not Acceptable)						
BOYNTON BCH, FL 33436				318	5 SW	Cocon	it key w	ay		
							-		_	
				Cipor	Ciport St. Lucie FL 34986					86
	e named entity submits this statement tions of registered agent.	Salmo	_	· · · · · · · · · · · · · · · · · · ·		<u> </u>	th, in the State of F	lorida. I am f	amiliar with,	and accept
	Signature, %ped or printed name of registered at	ent and title if applicable.	(NOTE: Register	ed Agent signstu	re required	when reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election	(NOTE: Reg.ster Campaign Fina d Contribution	ancing _		00 May Be	· -	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election	Campaign Fina	ancing		00 May Be ed to Fees	CHANGES TO OF	FICERS AND	A A	S IN 11
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12. 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 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 appowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #