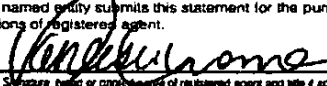
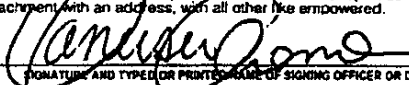


FILED  
Apr 06, 2007 8:00 am  
Secretary of State

04-06-2007 90034 037 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                                                                                                        |                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000036798</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           |                                                                                                                       |                                                                                                                                        |
| 1. Entity Name<br><b>GALORE KITCHEN DESIGNERS CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           |                                                                                                                                                                                                        |                                                                                                                                        |
| Principal Place of Business<br><b>2635 W 76TH ST<br/>HIALEAH, FL 33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | Mailing Address<br><b>2635 W 76TH ST<br/>HIALEAH, FL 33016</b>                                                                                                                                         |                                                                                                                                        |
| 2. Principal Place of Business - No P.O. Box #<br><b>2631 W 76 st</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | 3. Mailing Address<br><b>2631 W 76 st</b>                                                                                                                                                              |                                                                                                                                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Suite, Apt. #, etc.                                                                                                                                                                                    |                                                                                                                                        |
| City & State<br><b>Hialeah FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | City & State<br><b>Hialeah FL</b>                                                                                                                                                                      |                                                                                                                                        |
| Zip<br><b>33016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           | Country<br><b>USA</b>                                                                                                                                                                                  |                                                                                                                                        |
| 4. FEI Number<br><b>20-2509707</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | Applied For<br><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<br><b>ALOMA, YANEISIS<br/>7872 SW 162ND CT<br/>MIAMI, FL 33193</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | 7. Name and Address of New Registered Agent<br>Name <b>Yaneisis Aloma</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2631 W 76 st</b><br>City <b>Hialeah</b> FL Zip Code <b>33016</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.<br>SIGNATURE:  DATE: <b>03/12/07</b><br><small>(NOTE: Registered Agent signature required when registering)</small>                                                                                                                                                                                                          |                                                                                                           |                                                                                                                                                                                                        |                                                                                                                                        |
| FILE NOW!!! FEE IS \$150.00<br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                  |                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PVST<br>ALOMA, YANEISIS<br>7872 SW 162ND CT<br>MIAMI, FL 33193 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>ALOMA, YANEISIS<br>7872 SW 162ND CT<br>MIAMI, FL 33193 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | D<br>Aloma, Yaneisis<br>2631 W 76 st<br>Hialeah, FL 33016 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | Date: <b>03/12/07</b> Daytime Phone: <b>305-822-2056</b>                                                                                                                                               |                                                                                                                                        |