




**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000024419			
1. Entity Name GALEB INC.			
Principal Place of Business 6716 CAMELIA DRIVE MIRAMAR, FL 33023 US		Mailing Address 6716 CAMELIA DRIVE MIRAMAR, FL 33023 US	
DO NOT WRITE IN THIS SPACE			
		02022008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-4345246	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 BROWNE, GEOFFREY 6716 CAMELIA DR. MIRAMAR, FL 33023		DO NOT WRITE IN THIS SPACE	
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 reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		DO NOT WRITE IN THIS SPACE U00000837213 03/04/08-80047-022 150.00	
TITLE	P		
NAME	BROWNE, GEOFFREY A		
STREET ADDRESS	6716 CAMELIA DRIVE		
CITY- ST- ZIP	MIRAMAR, FL 33023		
TITLE	VP		
NAME	BROWNE, LORNETTE E		
STREET ADDRESS	6716 CAMELIA DRIVE		
CITY- ST- ZIP	MIRAMAR, FL 33023		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		2/2/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	