2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008
Secretary of State

DOCUMENT# P92000010380

Entity Name: GALEA LIFE SCIENCES INC.

Current Principal Place of Business:

2307 DOUGLAS RD., STE. 400
MIAMI, FL 33145 US

New Principal Place of Business:

18551 NE 29TH AVE.
SUITE 414
AVENTURA, FL 33180 US

Current Mailing Address:

2307 DOUGLAS RD., STE. 400
MIAMI, FL 33145 US

New Mailing Address:

18551 NE 29TH AVE.
SUITE 414
AVENTURA, FL 33180 US

FEI Number: 59-2388728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OVIES, IDA
2307 DOUGLAS RD., STE. 400
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

JONATHAN D. LEINWAND, P.A.
101 NE 3RD AVE. SUITE 1500
FORT LAUDERDALE, FL 33301 US

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.

SIGNATURE: JONATHAN LEINWAND 06/04/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: COHEN, ALISON
Address: 2307 DOUGLAS RD., STE. 400
City-St-Zip: MIAMI, FL 33145 US

Title: S ( ) Delete
Name: LEINWAND, JONATHAN
Address: 2307 DOUGLAS RD., STE. 400
City-St-Zip: MIAMI, FL 33145 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COHEN, ALISON
Address: 18551 NE 29TH AVE., SUITE 414
City-St-Zip: AVENTURA, FL 33180 US

Title: S (X) Change ( ) Addition
Name: JONATHAN D. LEINWAND, PA
Address: 101 NE 3RD AVE. SUITE 1500
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: PD ( ) Change (X) Addition
Name: ZUROMSKI, PAUL
Address: 18551 NE 29TH AVE., SUITE 414
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN LEINWAND S 06/04/2008
Electronic Signature of Signing Officer or Director Date