2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P92000010380

Entity Name: GALEA LIFE SCIENCES INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAUL ZUROMSKI PRES 04/17/2009

Electronic Signature of Signing Officer or Director Date