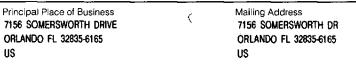
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P97000039608

GALILEO INCORPORATED





7156 SOMERSWORTH DRIVE ORLANDO FL 32835-6165 US		7156 SOMERSWORTH DR ORLANDO FL 32835-6165 US		
2. Principal Place of Business 3. N		3. Mailing Address AS ABC	OVE	T THE DIRECT THE LIGHT LEGIT BEAUTIES AND A STATE COLUMN FRONT ACTUAL ABOUT HOLD THE STATE ACTUAL AC
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Stat	е	City & State		4. FEI Number 59-3511991 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
PHI AV UPIGINA			Name	
PILLAY, KRISHNA 7156 SOMERSWORTH DR			Street A	ddress (P.O. Box Number is Not Acceptable)
ORLANDO FL 32835				
· ē		_	City	FL Zip Code
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 Signature, typed or professored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution.				
10.	OFFICERS AND	_ 	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PCD PILLAY, KRISHNA	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS City-St-Zip	7156 SOMERSWORTH DR : ORLANDO FL 32835		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP		والمراسيون المعالي المالية الم	STREET ADDRESS	est the second of the second o
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE:

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)