


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90008 013 ***550.00

DOCUMENT # F02000004753

1. Entity Name
GALAXY INTEGRATED TECHNOLOGIES INCORPORATED



Principal Place of Business Mailing Address

**44 THORNTON STREET
 NEWTON, MA 02458** **44 THORNTON STREET
 NEWTON, MA 02458**

2. Principal Place of Business 3. Mailing Address

100 Leo M. Birmingham Hwy *same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Brighton, MA *same*

Zip Country Zip Country

02135 *US*



07282004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

**DEJESUS, CARLOS A
 2091 NW 108 TERR
 SUNRISE, FL 33322**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CVDP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDADE, MICHAEL D	NAME	
STREET ADDRESS	21 WARREN PLACE	STREET ADDRESS	
CITY-ST-ZIP	WESTON, MA 02493	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: _____

8/13/04 *(617) 262-6388*

Date Daytime Phone #