2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000006582

1. Entity Name

GALAXY SCIENTIFIC CORP.



Principal Place of Business

Mailing Address

4300 FAIR LAKES COURT FAIRFAX, VA 22033 4300 FAIR LAKES COURT FAIRFAX, VA 22033

FILED Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90206 005 ***150.00



DO NOT WRITE IN THIS SPACE

04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1112026

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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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 printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	PCEO				
NAME	DIPENTIMA, RENATO				
STREET ADDRESS	4300 FAIR LAKES COURT				
CITY-ST-ZIP	FAIRFAX, VA 22033				
TITLE	coo				
NAME	KRIEGMAN, DAVID A				
STREET ADDRESS	4300 FAIR LAKES COURT				
CITY-ST-ZIP	FAIRFAX, VA 22033				
TITLE	CFO				
NAME	HUGHES, STEPHEN C				
STREET ADDRESS	4300 FAIR LAKES COURT	····· —	-	กัก	NOT WOITE
CITY-S1-ZIP	FAIRFAX, VA 22033			DO	NOT WRITE
TITLE	ST			INI	THIS SPACE
NAME	HUGHES, STEPHEN C			III	I IIIS SPACE
STREET ADDRESS	4300 FAIR LAKES COURT				
CITY+\$1-ZIP	FAIRFAX, VA 22033				
TITLE	ATAS				
NAME	BURGUM, MELISSA				
STREET ADDRESS	4300 FAIR LAKES COURT				
CITY-ST-ZIP	FAIRFAX, VA 22033				
TITLE	AT				
NAME	TONER, MICHAEL				

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: _

3120 FIRE ROAD

EGG HARBOR TOWNSHIP, NJ 082345859

NAME STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

703-503-1904