

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H76797

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** BLUE GALEXY OF SARASOTA, INC.

**Current Principal Place of Business:**

C/O BETTY SCHOENBAUM  
340 S PALM AVE APT #162  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 580  
SARASOTA, FL 342300580 US

**New Mailing Address:**

**FEI Number:** 59-2580284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHOENBAUM, BETTY  
340S PALM AVE  
APT #162  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

SCHOENBAUM, BETTY  
340 S PALM AVE  
APT #162  
SARASOTA, FL 34236 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

02/18/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: SCHOENBAUM, BETTY DPST  
Address: 340 S PALM AVE APT #162  
City-St-Zip: SARASOTA, FL 34236

I hereby 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 all other like empowered.

SIGNATURE: BETTY SCHOENBAUM

DPST

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date