## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State **DOCUMENT # J91456** 03-20-2008 90028 007 \*\*\*158.75 GALÁXY FIREWORKS, INCORPORATED Principal Place of Business Mailing Address 204 E MARTIN LUTHER KING 204 E MARTIN LUTHER KING BLVD TAMPA, FL 33603 US TAMPA, FL 33603 US 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03042008 Applied For City & State City & State 4. FEI Number 59-3092878 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Sharan HUNNEWELL, SHARON L. Street Address (P.O. Box Number is Not Acceptable) 204 E MARTIN LUTHER KING **TAMPA, FL 33603** 204 E. Dr. M.L. 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 reinstation) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PST** Change TITLE TILE ☐ Addition ☐ Delete Sharon Hummewell-Toldson HUNNEWELL, SHARON L. NAME NAME 204 E. MARTIN LUTHER KING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33603 CITY-ST-ZIP **VP** TITLE Delete MLE ☐ Change Addition JOHNSON, RICKY NAME STREET ADDRESS 204 E. MLK BLVD STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33603** CITY-ST-ZIP TITLE me ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 attachingent with an address, with all other like empowered.

FILED

Mar 20, 2008 8:00 am