

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L16818

FILED  
Jan 03, 2007  
Secretary of State

Entity Name: GALAXY MEDICAL, INC.

**Current Principal Place of Business:**

4700 PROSPECT RD  
SUITE 107  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

4700 PROSPECT RD  
SUITE 107  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

FEI Number: 65-0144590      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WALLMAN, CARL  
3960 NW 66TH ST  
PARKLAND, FL 33067 US

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

WALLMAN, CARL  
6960 NW 66TH ST  
PARKLAND, FL 33067 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: \_\_\_\_\_ 01/03/2007  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WALLMAN, CARL W  
Address: 4700 W PROSPECT RD SUITE 107  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CARL WALLMAN      PRES      01/03/2007  
Electronic Signature of Signing Officer or Director      Date