2005 FOR PROFIT CORPORATION

Mar 24, 2005 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # P00000087299 03-24-2005 90041 030 ***150.00 1. Entity Name GALÁXY PROMOTIONS, INC. Principal Place of Business Mailing Address 451 CENTRAL PARK DR. 451 CENTRAL PARK DR. LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03112005 CR2E034 (10/03) Cha-P Applied For City & State City & State 4. FEI Number 59-3674924 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LOVELACE, WILLIAM K ESQ. 401 S. LINCOLN AVE. Street Address (P.O. Box Number is Not Acceptable) CLEARWATER, FL 33756 City 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. The transfer of the control of the c in the many many means the man against an again that has hare an entering the court of the court Signature: typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstalling). 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11--11. 10. Delete TITLE TITLE DAVIS, BETTY G. MAME NAME 451 Central Brk Drive 451 CENTRAL PARK DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO, FL 33771 🔞 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE - NAME 11/2 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE TITLE Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SE-7IP Change --- Addition Delete TITLE NAME TO THE STATE HODG: **格出身:我们以实**什 STREET ADDRESS FORD THE PERSON OF THE PERSON sitari ya gos NAME S.1.480.1:8 STREET ADDRESS CITY-ST-ZIP... CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Elorida 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.

SIGNING OFFICER OF DIRECTOR

SIGNATURE: =