2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000098246

Entity Name: GALAXY AUTO SERVICE, INC.

FILED Jan 17, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5641 BERWOOD DR. 4455 EDGEWATER DRIVE ORLANDO, FL 32810 ORLANDO, FL 32804

Current Mailing Address: New Mailing Address:

5641 BERWOOD DR. 4455 EDGEWATER DRIVE ORLANDO, FL 32810 ORLANDO, FL 32804

FEI Number: 20-0209554 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ESTEVEZ, PORFIRIO
5641 BERWOOD DR.
ORLANDO, FL 32810 US

ESTEVEZ, PORFIRIO
4455 EDGEWATER DRIVE
ORLANDO, FL 32804 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: PORFIRIO ESTEVEZ 01/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: PAULINO, LIDIA Name: PAULINO, LIDIA

 Name:
 PAULINO, LIDIA
 Name:
 PAULINO, LIDIA

 Address:
 5641 BERWOOD DR.
 Address:
 4455 EDGEWATER

 City-St-Zip:
 ORLANDO, FL 32810 US
 City-St-Zip:
 ORLANDO, FL 32804 US

Title: S,T () Delete Title: S,T (X) Change () Addition Name: ESTEVEZ, PORFIRIO Name: ESTEVEZ, PORFIRIO

 Name:
 ESTEVEZ, PORFIRIO
 Name:
 ESTEVEZ, PORFIRIO

 Address:
 5641 BERWOOD DR.
 Address:
 4455 EDGEWATER DRIVE

 City-St-Zip:
 ORLANDO, FL 32810 US
 City-St-Zip:
 ORLANDO, FL 32804 US

Title: D (X) Delete Title: () Change () Addition

 Name:
 PAULINO, LIDIÁ
 Name:

 Address:
 5641 BERWOOD DR.
 Address:

 City-St-Zip:
 ORLANDO, FL 32810 US
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 ESTEVEZ, PORFIRIO
 Name:

 Address:
 5641 BERWOOD DR.
 Address:

 City-St-Zip:
 ORLANDO, FL 32810 US
 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: LIDIA PAULINO P 01/17/2006