2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 15, 2007 8:00 am **Secretary of State** DOCUMENT # P05000104031 03-15-2007 90020 049 ***150.00 GALAXY PRIME NETWORK, INC. Principal Place of Business Mailing Address 1246 POPINIAY AVE 1246 POPINIAY AVE LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 2915 1525 LAKE CLAY DR Suite, Apt. #, etc. Suite, Apt. #, etc. 02152007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4. FEI Number 20-3165567 Not Applicable LAKE Country Zip 20 \$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 Charles L. Pett. PETTY, CHARLES L Street Address (P.O. Box Number is Not Acceptable) 1525 LAKE CLAY DRIVE AKE CLAY DR LAKE PLACID, FL 33852 City LAKE PLACI'd 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** ШL Change Addition THIF ☐ Delete PETTY, CHARLES L NAME NAME STREET ADDRESS 1525 LAKE CLAY DRIVE STREET ADDRESS City-St-ZIP CITY-ST-ZIP LAKE PLACID, FL 33852 Delete ☐ Change Addition TIFLE TIBE PETTY, CHARLES L NAME NAME 1525 LAKE CLAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP ☐ Change ■ Addition ☐ Defete MIF TITLE JAMES MAYNARD NAME NAME 531 Beecharoft St. LAKE PLACIS FL: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECKETARY - TRESURER ☐ Change Addition TITLE ☐ Delete TITLE JOAN PETTY 1525 LAKE CLAY DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33852 LAKE PLACIA TIME ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Date

Zip Code & Country

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Division of Corporations



Annual Report

L	Annual Report Help
(Document Number
Ì	P05000104031 Business Entity Name
	Y PRIME NETWORK, INC.
	,

GALAXY PRIME NETWORK, INC.					
FEI Number		203165567			
FEI Number Status		 ● Listed Above ○ Applied For ○ Not Applicable 			
Certificate of Statu	is Desired		O Yes No	\$8.75 eac	h
Election Campaign	n Financing Trust Fur	nd Contribution	O Yes No		
	Pr	incipal Plac	ce of Busines	s	
	Address	1525 Lake Cl	•		
	Suite, Apt. #, etc.				
	City, State	LAKE PLACI	D	, FL	
	Zip Code & Country	33852			
		Mailing	Address		
	Address	P.O.BOX 291	15		
	Suite, Apt. #, etc.				
	City, State	LAKE PLACI	D	, FL	
	Zip Code & Country	33862			
	Name an	d Address	of Registered	l Agent	
Name (Last, I	First, Middle, Title)	PETTY	, CHARL	ES	,L ,
Business to se	erve as RA				
Address (PO	Box is not acceptable	e) 1525 LAKE	CLAY DRIVE		
Suite, Apt. #,	etc.				
City, State		LAKE PLAC	CID	, FL	

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

US

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

	address on an attachment.				
Title	PSTD				
Name (Last, First, Middle, Title)	PETTY	, CHARLES	, L	,	
- OR - Entity Name to serve as Officer/Director					
Street Address	1525 LAKE CLAY DRIVE				
City, State	LAKE PLACI	D , Fl	-		
Zip Code & Country	33852				
Title	V				
Name (Last, First, Middle, Title)	PETTY	CHARLES	,L	,	
- OR - Entity Name to serve as Officer/Director					
Street Address	1525 LAKE CLAY DRIVE				
City, State	LAKE PLACI	D , Fl	-		
Zip Code & Country	33852				
Title	VP				
Name (Last, First, Middle, Title) - OR -	Maynard	, James	,	,VP	
Entity Name to serve as Officer/Director					
Street Address	531 Beechcra	aft St			
City, State	Lake Placid	, Fl	=		
Zip Code & Country	33852	US			
Title	Sec.				

Division of Corporations

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			.1 1 920 -		10-1	
Name (Last, First, Middle, Title)	Petty	-	, Joan		, M	, Sec/Trs
- OR - Entity Name to serve as Officer/Director						
Street Address	1525 Lake Clay Dr					
City, State	Lake Placio		, FL			
Zip Code & Country	33852	US				
Title						
Name (Last, First, Middle, Title)			,		,	,
- OR -						
Entity Name to serve as Officer/Director						
Street Address						
City, State				,		
Zip Code & Country						
Title						
Name (Last, First, Middle, Title)					,	,
- OR -						
Entity Name to serve as Officer/Director						
Street Address						
City, State				,		
Zip Code & Country						

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature Red

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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