

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000121019

Entity Name: NEW GALAXY GIFTS INC.

**FILED**  
**Dec 03, 2007**  
**Secretary of State**

### **Current Principal Place of Business:**

821 RAVEN AVE  
LONGWOOD, FL 32750 US

### **Current Mailing Address:**

821 RAVEN AVE  
LONGWOOD, FL 32750 US

### **New Principal Place of Business:**

10376 E. COLONIAL DRIVE  
#103  
ORLANDO, FL 32817 US

### **New Mailing Address:**

10376 E. COLONIAL DR.  
#103  
ORLANDO, FL 32817

FEI Number: 20-5590310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STIVERSON, SAM  
821 RAVEN AVE  
LONGWOOD, FL 32750 US

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

BARNES, JACK A  
7709 STRATFORD BLVD  
ORLANDO, FL 32807 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: JACK BARNES

12/03/2007

Electronic Signature of Registered Agent

Date

### **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STIVERSON, SAM  
Address: 821 RAVEN AVE  
City-St-Zip: LONGWOOD, FL 32750

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

Title: P (X) Change ( ) Addition  
Name: BARNES, JACK A  
Address: 7709 STRATFORD BLVD  
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify 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: JACK BARNES

P

12/03/2007

Electronic Signature of Signing Officer or Director

Date