

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000028906

FILED
Jun 01, 2009
Secretary of State

Entity Name: GALAXY OF LEARNING OXFORD, INC.

Current Principal Place of Business:

10889 N US HWY 301, STE 6
OXFORD, FL 34484

New Principal Place of Business:

Current Mailing Address:

10889 N US HWY 301, STE 6
OXFORD, FL 34484

New Mailing Address:

FEI Number: 65-1303043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, GREGG ESQ.
311 SE TENTH COURT
FT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BERNSTEIN, SHEILA
Address: 3276 COUNTY ROAD 216
City-St-Zip: OXFORD, FL 34484

Title: VPT () Delete
Name: BERNSTEIN, ROBERT
Address: 3276 COUNTY ROAD 216
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ROBERT BERNSTEIN

VPT

06/01/2009

Electronic Signature of Signing Officer or Director

_____ Date