

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000065270

FILED
Apr 02, 2008
Secretary of State

Entity Name: GALAXY HOMES DEVELOPERS, INC.

Current Principal Place of Business:

416 SOUTHWEST 45TH STREET
CAPE CORAL, FL 33914

New Principal Place of Business:

890 PALMETTO POINTE CIRCLE
CAPE CORAL, FL 33991

Current Mailing Address:

416 SOUTHWEST 45TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

890 PALMETTO POINTE CIRCLE
CAPE CORAL, FL 33991

FEI Number: 22-3964743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

PAUL O IVERSON
890 PALMETTO POINTE CIRCLE
CAPE CORAL, FL 33991 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: PAUL O IVERSON

04/02/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IVERSON, JASON
Address: 416 SOUTHWEST 45TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: VPTD () Delete
Name: IVERSON, PAUL
Address: 416 SOUTHWEST 45TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: SD () Delete
Name: MEIER, KIM
Address: 416 SOUTHWEST 45TH STREET
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IVERSON, JASON P
Address: 429 SW 44TH TERRACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VPTD (X) Change () Addition
Name: IVERSON, PAUL O
Address: 890 PALMETTO POINTE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

Title: SD (X) Change () Addition
Name: MEIER, KIM M
Address: 890 PALMETTO POINTE CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

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: PAUL O IVERSON

VPD

04/02/2008

Electronic Signature of Signing Officer or Director

Date