

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90019 015 ***150.00

DOCUMENT # P36002 1. Entity Name GALAXY NUTRITIONAL FOODS, INC.					
Principal Place of Business 2441 VISCOUNT ROW ORLANDO, FL 32809 US			Mailing Address 2441 VISCOUNT ROW ORLANDO, FL 32809 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 25-1391475	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FURNARI, SALVATORE 2441 VISCOUNT ROW ORLANDO, FL 32809				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME D MORINI, ANGELO S. STREET ADDRESS 5373 ISLEWORTH COUNTRY CLUB DRIVE CITY-ST-ZIP WINDERMERE, FL 32786	<input type="checkbox"/> Delete		TITLE NAME 2441 VISCOUNT ROW STREET ADDRESS ORLANDO, FL 32809 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME CFO FURNARI, SALVATORE STREET ADDRESS 2441 VISCOUNT ROW CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME DIRECTOR JOANNE BETHLAHMY STREET ADDRESS 2441 VISCOUNT ROW CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME D JARVIE, CHARLES L STREET ADDRESS 2441 VISCOUNT ROW CITY-ST-ZIP ORLANDO, FL 32809	<input checked="" type="checkbox"/> Delete		TITLE NAME DIRECTOR PATRICE VIDEZTER STREET ADDRESS 2441 VISCOUNT ROW CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME CEOD BROLL, MICHAEL E STREET ADDRESS 2441 VISCOUNT ROW CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME DC LIPKA, DAVID STREET ADDRESS 2441 VISCOUNT ROW CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME S HITCHCOCK, LEANN STREET ADDRESS 2441 VISCOUNT ROW CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE:			2/27/06 407-855-5500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		