2004 FOR PROFIT CORPORATION

Apr 12, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # P94000027546** 1. Entity Name 04-12-2004 90324 044 ***150.00 GALWAY ENTERPRISES, INC. Principal Place of Business Mailing Address 136 E. HAMPTON WAY P.O. BOX 3910 JUPITER FL 33458 JUPITER FL 33469 2. Principal Place of Business 3. Mailing Address Abo VD EAM & Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0586843 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SKAKANDY, JACK S 136 E. HAMPTON WAY JUPITER FL 33458 Street Address (P.O. Box Number is Not Acceptable) City 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, typed or printed name of re (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE PD TITLE □ Delete ☐ Addition SKAKANDY, JACK S NAME NAME STREET ADDRESS 136 E. HAMPTON WAY STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SKAKANDY, NANCY M NAME 136 E. HAMPTON WAY STREET ADDRESS STREET ADDRESS JUPITER FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE: SACK S. SKAKA WY SIGNATURE AND TYPED OR PRINTED NAME OF

CITY-ST-7IP

FILED