

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000093543



1. Entity Name
GALAXY FUN RAISING, INC.

Principal Place of Business
796 SANDERS ROAD
SUITE 1
PORT ORANGE, FL 32127

Mailing Address
796 SANDERS ROAD
SUITE 1
PORT ORANGE, FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3295748

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DENTON, LORI D
796 SANDRA ROAD
SUITE 1
PORT ORANGE, FL 32127

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remitting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME DENTON, PAUL C
STREET ADDRESS 4659 SECRET RIVER TRAIL
CITY-ST-ZIP PORT ORANGE, FL 32119

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME DENTON, LORI D
STREET ADDRESS 4659 SECRET RIVER TRAIL
CITY-ST-ZIP PORT ORANGE, FL 32119

Delete

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

796 SANDERS ROAD, STE. 1
PT. ORANGE, FL 32127

Change Addition

796 SANDERS ROAD, STE. 1
PT. ORANGE, FL 32127

Change Addition

Change Addition

Change Addition

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.

SIGNATURE: *Lori Denton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 386-288-1099
Date Daytime Phone #