

**2006 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

DO NOT WRITE IN THIS SPACE

**FILED
Mar 16, 2006 8:00 am
Secretary of State**

03-16-2006 90232 045 ***150.00



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3295748	(Applied For Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 renesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE V
NAME DENTON, PAUL C
STREET ADDRESS 796 SANDERS RD STE 1
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE P
NAME DENTON, LORI D
STREET ADDRESS 796 SANDERS RD, STE 1
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Lori Denton 3/13/06 386-788-1099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone