2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000022521

KUNZ, TODD A

2001 E 2ND UNIT 9C

TAMPA, FL 33605

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

| Entity Name: GALAXY AMUSEMENT SALES, INC. | | | | | |
|---|---|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | STREAM WA N, FL 33511 | Y | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | PERLEAF CIRC N, FL 33511 | CLE | | | |
| FEI Number: | : 65-6653354 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Addres | Name and Address of New Registered Agent: | |
| KUNZ, PATRICIA 404 COPPERLEAF CIR. BRANDON, FL 33511 US | | | | KUNZ, WAYNE 404 COPPERLEAF CIR. BRANDON, FL 33511 US | |
| | named entity see of Florida. | submits this statement for the p | ourpose of changing its regist | ered office or registered agent, or both, | |
| SIGNATURE: SCOTT W KUNZ | | | | 04/30/2009 | |
| | Electror | ic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHAI | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DC () KUNZ, WAYNE 404 COPPERL BRANDON, FL | | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: City-St-Zip: | DST () KUNZ, PATRIC 404 COPPERL BRANDON, FL | | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: City-St-Zip: | DP () KUNZ, SCOTT 5110 TARI STR BRANDON, FL | EAM WAY | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: | DV () | Delete | Title: | () Change () Addition | |

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 an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: SCOTT W KUNZ DP 04/30/2009