


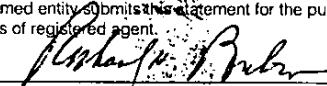
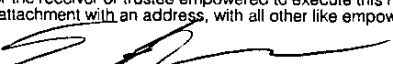
**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90148 018 \*\*\*150.00

**20029483**



<b>DOCUMENT # P97000038811</b>			
1. Entity Name GALAXY AVIATION, INC.			
Principal Place of Business 3800 SOUTHERN BOULEVARD WEST PALM BEACH, FL 33406 US		Mailing Address 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431 US	
2. Principal Place of Business		3. Mailing Address 2255 Glades Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 321A	
City & State		City & State Boca Raton, Fl	
Zip	Country	Zip	Country
33431	U.S.A.	33431	U.S.A.
6. Name and Address of Current Registered Agent BRESLOW, RICHARD H 1900 GLADES ROAD SUITE 245 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Breslow, Richard H. Street Address (P.O. Box Number is Not Acceptable) 2255 Glades Rd. Suite 321A City Boca Raton FL Zip Code 33431	
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:  RICHARD H. BRESLOW DATE: 4-6-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
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 STREET ADDRESS CITY-ST-ZIP	DCEO GREENBERG, MARTIN F 1900 GLADES ROAD, SUITE 245 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO Greenberg, Martin F. 2255 Glades Road, Suite 321A Boca Raton, Fl 33431 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Faren, Michael 2255 Glades Rd., Suite 321A Boca Raton, Fl 33431 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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:  MARTIN F. GREENBERG CHAIRMAN OF THE BOARD DATE: 4-6-05 DAYTIME PHONE #: 561-347-8585 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			