


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000097838</b>		
1. Entity Name <b>J &amp; J GALAXY INC.</b>		

Principal Place of Business <b>247 N. AMELIA AVE. DELAND FL 32724</b>	Mailing Address <b>247 N. AMELIA AVE. DELAND FL 32724</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number **59-3477617** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**JAMBUSARIA, HARIVADAN R  
247 N. AMELIA ST.  
DELAND FL 32724**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May 1  
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>HARIVADAN, JAMBUSARIA R</b>	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HARIVADAN, JAMBUSARIA R</b>		NAME _____	
STREET ADDRESS <b>247 N. AMELIA AVE.</b>		STREET ADDRESS _____	
CITY-ST-ZIP <b>DELAND FL 32724</b>		CITY-ST-ZIP <b>05/19/06-80058-008 150.00</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>AKBER, JAMAL M</b>	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>AKBER, JAMAL M</b>		NAME _____	
STREET ADDRESS <b>P O BOX 1751</b>		STREET ADDRESS _____	
CITY-ST-ZIP <b>APOPKA FL 32704</b>		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	
TITLE _____	<input type="checkbox"/> Delete	TITLE _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____		NAME _____	
STREET ADDRESS _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Harivadan R Jambusaria* **5-1-06 321-356-481**