

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000043581	
1. Entity Name GALAXY EXCHANGE COMPANY	

Principal Place of Business 8680 COMMODITY CIR ORLANDO, FL 32819 US	Mailing Address 8680 COMMODITY CIR ORLANDO, FL 32819 US
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3589292	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**KORSHAK, STEPHEN D ESQ.
8680 COMMODITY CIR
STE 101
ORLANDO, FL 32819**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

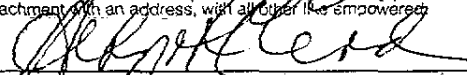
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD LINDEN, DEBORAH L 8680 COMMODITY CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STUMBRAS, SULYN 8680 COMMODITY CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ERFURTH, CARY J 8680 COMMODITY CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HOLBROOK, KAREN S 8680 COMMODITY CIR ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
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 I am empowered.

SIGNATURE:  **1-25-06** **407-362-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone