


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90023 001 ***150.00

DOCUMENT # S96329
 1. Entity Name
 GALAXY ENTERPRISES, INC.



Principal Place of Business Mailing Address
 465 RIVERSIDE DR 465 RIVERSIDE DR
 STUART, FL 34994 US STUART, FL 34994 US

44035850



2. Principal Place of Business 3. Mailing Address
 271 SE Harbor Pt. Dr. P.O. Box 3237
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04052004 Chg-P CR2E034 (10/03)

City & State City & State
 Stuart, FL 34996 Stuart, FL. 34995
 Zip Country Zip Country
 34996 USA 34995 USA

4. FEI Number Applied For
 65-0301353 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RUSSELL, LUTHER J. 465 RIVERSIDE DRIVE STUART, FL 34994		Name Kazuyo Russell	
		Street Address (P.O. Box Number is Not Acceptable)	
		271 SE Harbor Point Drive	
		City Stuart	FL Zip Code 34996

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: Kazuyo Russell Kazuyo Russell April 19, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	PD RUSSELL, LUTHER J. 465 RIVERSIDE DRIVE STUART, FL <input checked="" 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	VD RUSSELL, KAZUYO 465 RIVERSIDE DRIVE STUART, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kazuyo Russell Kazuyo Russell 772-283-1033 4/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #