


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90206 005 ***150.00

DOCUMENT # F05000006582 1. Entity Name GALAXY SCIENTIFIC CORP.	
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Principal Place of Business 4300 FAIR LAKES COURT FAIRFAX, VA 22033	Mailing Address 4300 FAIR LAKES COURT FAIRFAX, VA 22033
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1112026	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.


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	PCEO DIPENTIMA, RENATO 4300 FAIR LAKES COURT FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO KRIEGMAN, DAVID A 4300 FAIR LAKES COURT FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HUGHES, STEPHEN C 4300 FAIR LAKES COURT FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HUGHES, STEPHEN C 4300 FAIR LAKES COURT FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS BURGUM, MELISSA 4300 FAIR LAKES COURT FAIRFAX, VA 22033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT TONER, MICHAEL 3120 FIRE ROAD EGG HARBOR TOWNSHIP, NJ 082345859

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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 like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/24/2006 Daytime Phone #: 703-803-1904