

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003958

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** GALBRAITH CAPITAL INVESTMENT MANAGEMENT CORP.

**Current Principal Place of Business:**

100 MAIN ST., SUITE 202  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

100 MAIN ST., SUITE 202  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

**FEI Number:** 27-3264445

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRECZEK, STEVE  
100 MAIN ST., SUITE 202  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

SHANNON, WILLIAM  
100 MAIN ST., SUITE 202  
SAFETY HARBOR, FL 34695 US

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.

SIGNATURE: WILLIAM SHANNON

04/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** CPS  
**Name:** GALBRAITH, JOSEPH B  
**Address:** 100 MAIN ST., SUITE 202  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** V  
**Name:** GRECZEK, STEVE  
**Address:** 100 MAIN ST., SUITE 202  
**City-St-Zip:** SAFETY HARBOR, FL 34695

**Title:** CFO  
**Name:** SHANNON, WILLIAM  
**Address:** 100 MAIN ST, STE 202  
**City-St-Zip:** SAFETY HARBOR, FL 34695

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM SHANNON

CFO

04/15/2011

Electronic Signature of Signing Officer or Director

Date