

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


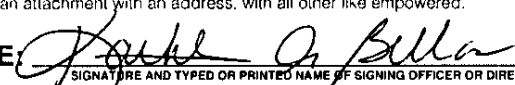
**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90058 033 \*\*\*150.00

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01172005 Chg-P CR2E034 (10/03)

DOCUMENT # S35786							
1. Entity Name GALBRAITH PROPERTIES, INC.							
Principal Place of Business SUITE 1300 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701			Mailing Address SUITE 1300 360 CENTRAL AVENUE ST. PETERSBURG, FL 33701				
2. Principal Place of Business Suite 1220		3. Mailing Address Suite 1220					
Suite, Apt. #, etc. 360 Central Ave		Suite, Apt. #, etc. 360 Central Ave					
City & State St Petersburg, FL		City & State St Petersburg, FL		4. FEI Number 59-3068366			
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip 33701	Country	Zip 33701	Country Pinellas				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BELLAS, KATHLEEN A SUITE <del>1300</del> 1220 360 CENTRAL AVE STE <del>1300</del> 1220 ST. PETERSBURG, FL 33701			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 reinstating) _____ DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GALBRAITH, JOHN W	NAME					
STREET ADDRESS	500 CRESTWOOD DR UNIVERSITY VILLAGE #1604	STREET ADDRESS					
CITY-ST-ZIP	CHARLOTTESVILLE, VA 22903	CITY-ST-ZIP					
TITLE	DVS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GALBRAITH, ROSMARY P	NAME					
STREET ADDRESS	500 CRESTWOOD DR. UNIVERSITY VILLAGE #1604	STREET ADDRESS					
CITY-ST-ZIP	CHARLOTTESVILLE, VA 22903	CITY-ST-ZIP					
TITLE	AT <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BELLAS, KATHLEEN A	NAME	A.T Bellas, Kathleen A				
STREET ADDRESS	360 CENTRAL AVE. #1300	STREET ADDRESS	360 Central Ave #1220, St Petersburg				
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701	CITY-ST-ZIP	FL 33701				
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 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: 			February 4, 2005				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				