


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90363 032 ***150.00

DOCUMENT # S35786
1. Entity Name
GALBRAITH PROPERTIES, INC.



Principal Place of Business
**SUITE 1220
360 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**

Mailing Address
**SUITE 1220
360 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**

60029826



2. Principal Place of Business
PO Box 1518
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1518
Suite, Apt. #, etc.

03232006 Chg-P CR2E034 (11/05)

City & State
Pinellas Park FL

City & State
Pinellas Park FL

Zip
33780-0518 Country
USA

Zip
33780-0518 Country
USA

4. FEI Number
59-3068366

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BELLAS, KATHLEEN A
SUITE 1220
360 CENTRAL AVE STE 1220
ST. PETERSBURG, FL 33701**

7. Name and Address of New Registered Agent

Name
Bellas, Kathleen

Street Address (P.O. Box Number is Not Acceptable)
7034 79th St N

City
Pinellas Park FL Zip Code
33781

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 *Kathleen A Bellas* **3/24/06**
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, 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	DPT GALBRAITH, JOHN W 500 CRESTWOOD DR UNIVERSITY VILLAGE #1604 CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GALBRAITH, ROSMARY P 500 CRESTWOOD DR. UNIVERSITY VILLAGE #1604 CHARLOTTESVILLE, VA 22903	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BELLAS, KATHLEEN A 360 CENTRAL AVE #1220 SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Bellas, Kathleen 7034 79th St N Pinellas Park FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Kathleen A Bellas* **Asst Treasurer** **4/19/06** **727-546-6595**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #