


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90038 042 ***150.00

DOCUMENT # 292172	
1. Entity Name PHIL C. GALLAGHER, INC.	

Principal Place of Business 2500 NW 74TH AVE SUITE 101 MIAMI, FL 33122 US	Mailing Address 2500 NW 74TH AVE SUITE 101 MIAMI, FL 33122 US
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54023959



2. Principal Place of Business 2500 NW 79th Ave	3. Mailing Address 2500 NW 79th Ave
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State	City & State
Zip	Country

03242004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1092647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALLAGHER, PHIL C 2500 NW 79TH AVE., SUITE 101 MIAMI, FL 33122	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2500 NW 79th Ave - Suite 101 City FL Zip Code
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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 *Phil C. Gallagher* *Phil C. Gallagher, Pres* *3/26/04*
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when rechartering.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GALLAGHER, PHIL C 2500 NW 74TH AVE., SUITE 101 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2500 NW 79th Ave - Suite 101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GALLAGHER, VIVIEN E 2500 NW 74TH AVE., SUITE 101 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2500 NW 79th Ave - Suite 101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESSIG, PAMELA 2500 NW 74TH AVE., SUITE 101 MIAMI, FL 33122 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2500 NW 79th Ave - Suite 101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input type="checkbox"/> Delete	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 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: *Phil C. Gallagher* *Phil C. Gallagher, Pres* *3/26/04* *205/714-4416*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #