
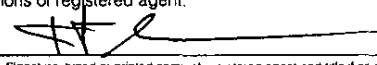
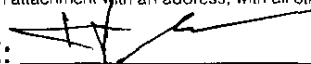



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90093 048 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 410407</b><br>1. Entity Name<br><b>PHIL C. GALLAGHER ASSOCIATES, INC.</b>  |  |   |   |    |  |
| Principal Place of Business<br><b>2500 NW 79TH AVE<br/>MIAMI, FL 33122 US</b>  |  |   | Mailing Address<br><b>770 PALM BAY LANE #8-F<br/>MIAMI, FL 33138 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>150 West Flagler Street</b>   |  | 3. Mailing Address<br><b>150 West Flagler Street</b>  |   |   |  |
| Suite, Apt. #, etc.<br><b>Suite 2200</b>   |  | Suite, Apt. #, etc.<br><b>Suite 2200</b>  |   |   |  |
| City & State<br><b>Miami, FL</b>   |  | City & State<br><b>Miami, FL</b>  |   |   |  |
| Zip<br><b>33130</b>  | Country<br><b>US</b>   | Zip<br><b>33130</b>   | Country<br><b>US</b>  | 4. FEI Number<br><b>59-1419064</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GALLAGHER, PHIL C<br/>2500 NW 79TH AVE<br/>STE 101<br/>MIAMI, FL 33122</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>Robert E. Gallagher, Jr.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>150 West Flagler Street</b><br>Suite 2200<br>City<br><b>Miami</b> <b>FL</b> Zip Code<br><b>33130</b> |   |  |
| 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.<br>SIGNATURE:  <b>Robert E. Gallagher, Jr.</b> <span style="float: right;">1/15/07</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PSD<br>GALLAGHER, PHIL C <input checked="" type="checkbox"/> Delete<br>2500 NW 79TH AVE STE 101<br>MIAMI, FL 33122 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>VIVIEN, SCOTT E <input type="checkbox"/> Delete<br>2500 NW 79TH AVE STE 101<br>MIAMI, FL 33122                |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>Scott, Vivien E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>621 McLendon Street<br>Ashburn, GA 31714                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LESSIG, PAMELA <input type="checkbox"/> Delete<br>2500 NW 79TH AVE STE 101<br>MIAMI, FL 33122                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DV<br>Lessig, Pamela <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>19 Glen Cove Road<br>Arden, NC 28704                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PS<br>Gallagher, Robert E. Jr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>150 West Flagler Street, Suite 2200<br>Miami, FL 33130 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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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:  <b>Robert E. Gallagher, Jr.</b> <span style="float: right;">1/15/07</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |   |  |

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # 410407                                    |  |
| 1. Entity Name<br>PHIL C. GALLAGHER ASSOCIATES, INC. |   |

ATTACHMENT

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|---|---|

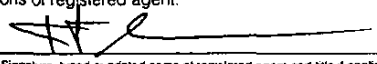
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|   |   |
|---|---|
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| Suite, Apt. #, etc.<br>Suite 2200   | Suite, Apt. #, etc.<br>Suite 2200             |
| City & State<br>Miami, FL   | City & State<br>Miami, FL                     |
| Zip<br>33130  | Country<br>US                                 |

01192007 Chg-P CR2E034 (12/06)

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>GALLAGHER, PHIL C<br>2500 NW 79TH AVE<br>STE 101<br>MIAMI, FL 33122 | 7. Name and Address of New Registered Agent<br>Name<br>Robert E. Gallagher, Jr.<br>Street Address (P.O. Box Number is Not Acceptable)<br>150 West Flagler Street<br>Suite 2200<br>City<br>Miami FL Zip Code<br>33130 |
|--|--|

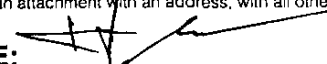
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SIGNATURE:  Robert E. Gallagher, Jr. 1/15/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|   |  |
|---|--|
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|--|--|---|---|
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SIGNATURE:  Robert E. Gallagher, Jr. 1/15/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #