

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90007 049 \*\*\*150.00

<b>DOCUMENT #698955</b> 1. Entity Name <b>THE GALBRAITH MANAGEMENT COMPANY, INC.</b>																																																																																															
Principal Place of Business <b>450 S. ORANGE AVENUE ORLANDO, FL 32801</b>			Mailing Address <b>P.O. BOX 4920 ORLANDO, FL 32802</b>																																																																																												
2. Principal Place of Business <b>2032 Alameda Ave.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2032 Alameda Ave.</b> Suite, Apt. #, etc.																																																																																													
City & State <b>Orlando, FL</b> Zip <b>32804</b>		City & State <b>Orlando, FL</b> Zip <b>32804</b>		4. FEI Number <b>59-2114466</b>																																																																																											
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																											
6. Name and Address of Current Registered Agent  <b>BOURNE, ROBERT A 450 S. ORANGE AVENUE ORLANDO, FL 32801</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																												
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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when naming)</small>																																																																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td><b>PD GALBRAITH, JAMES C</b></td> <td><b>450 S. ORANGE AVENUE</b></td> <td><b>ORLANDO, FL 32801</b></td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td><b>2032 Alameda Ave.</b></td> <td><b>Orlando, FL 32804</b></td> <td></td> </tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> <tr><td colspan="5"> </td></tr> </table> </div> </div>						TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		<b>PD GALBRAITH, JAMES C</b>	<b>450 S. ORANGE AVENUE</b>	<b>ORLANDO, FL 32801</b>																																					TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			<b>2032 Alameda Ave.</b>	<b>Orlando, FL 32804</b>																																				
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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.  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b> <i>James E. Galbraith</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  <b>JAMES E. GALBRAITH</b> </div> <div style="width: 40%; text-align: right;"> <b>1-6-06</b>  <small>Date Daytime Phone #</small> </div> </div>																																																																																															