

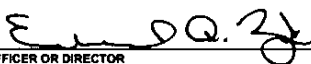


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90026 028 ***150.00

DOCUMENT # F06000002285 1. Entity Name BRITTON-GALLAGHER & ASSOCIATES, INC.					
Principal Place of Business 6240 SOM CENTER ROAD SOLON, OH 44139			Mailing Address 6240 SOM CENTER ROAD SOLON, OH 44139		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-1342464	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P HAZEN, JOHN L 6240 SOM CENTER ROAD SOLON, OH 44139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Laughlin, Dennis 6240 Som Center Road Solon, OH 44139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TREEND, ERIC S 6240 SOM CENTER ROAD SOLON, OH 44139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cremean, Michael 6240 Som Center Road Solon, OH 44139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFO ZAK, EDWARD A 6240 SOM CENTER ROAD SOLON, OH 44139	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/CO D/ CFO Zak, Edward A 6240 Som Center Road Solon, OH 44139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RINDELS, HAROLD G 34536 SOUTH SIDE PARK DRIVE SOLON, OH 44139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BALL, BRUCE H 7440 TWIN LAKE TRAIL CHAGRIN FALLS, OH 44022	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TEWKSURY, ANDREW 8690 LAKE FOREST TRAIL CHAGRIN FALLS, OH 44023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Edward A. Zak CFO  440-248-4711 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					