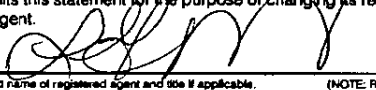
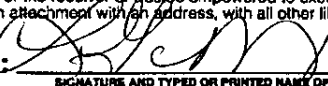


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

03-18-2004 90015 022 ***150.00

66415630

DOCUMENT # H39869					
1. Entity Name GALLAGHER ENGINEERING CORPORATION					
Principal Place of Business 2685 MEADOWOOD DR FT LAUDERDALE, FL 33332 US			Mailing Address 2685 MEADOWOOD DR FT LAUDERDALE, FL 33332 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2577596	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLAGHER, ROBERT 2685 MEADOWOOD DR FT LAUDERDALE, FL 33332				7. Name and Address of New Registered Agent Name Robert Gallagher Street Address (P.O. Box Number is Not Acceptable) 3515 Windmill Ranch Rd City Weston FL Zip Code 33331	
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:  DATE: 4/22/04 Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 GALLAGHER, ROBERT 2685 MEADOWOOD DR FT LAUDERDALE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gallagher, Robert 3515 Windmill Ranch Rd Weston FL 33331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALLAGHER, LORETTA 2685 MEADOWOOD DR FT LAUDERDALE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gallagher, Loretta 3515 Windmill Ranch Rd Weston FL 33331	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: 				Date: 4/22/04 954 868 5105	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	