

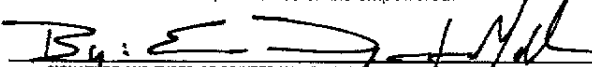


FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K48857				Apr 27, 2006 08:00 A Secretary of State	
1. Entity Name GALLIMORE REALTY, INC.					
Principal Place of Business 3240 E ANDREW JOHNSON HWY GREENEVILLE, TN 37745 US		Mailing Address PO BOX 271 GREENEVILLE, TN 37744 US			
DO NOT WRITE IN THIS SPACE		 01062006 No Chg-P CR2E034 (11/05)			
		4. FEI Number 59-2921686		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GALLIMORE, ELLSWORTH G 557 NORTH WYMORE RD STE 102 MAITLAND, FL 32751		DO NOT WRITE IN THIS SPACE			
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 re-registering) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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					
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DP GALLIMORE, E. LYNDON 150 BLUEBONNET LANE GREENEVILLE, TN 37743			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D GALLIMORE, ELLSWORTH G. 557 N WYMORE RD STE 102 MAITLAND, FL 32751			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		T GALLIMORE, E. LYNDON 150 BLUEBONNET LANE GREENEVILLE, TN 37743			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		VSD GALLIMORE, COURTNEY B. 155 BLACKWELL RD. CAMPOBELLO, SC 29322			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: 		11/11/06 (23) 439-4663			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			