

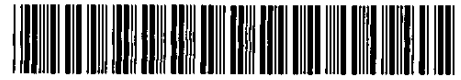
DOCUMENT # N97000005362

1. Entity Name

GALT ISLAND AVENUE PROPERTY RIGHTS GROUP, INC.



FILED
Jan 22, 2007 08:00 AM
Secretary of State



Principal Place of Business
3861 GALT ISLAND AVENUE
ST. JAMES CITY FL 33956
Mailing Address
3861 GALT ISLAND AVENUE
ST. JAMES CITY FL 33956

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc
3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0787048
Applied For
Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
BUCHANAN, PHILLIP G
3861 GALT ISLAND AVENUE
ST. JAMES CITY FL 33956

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to
Florida Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for BUCHANAN, PHILLIP G, KELLEN, ROBERT, and SCHLOSSER, WALT.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entry for 000000594741 with Change and Addition checkboxes.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: [Handwritten Signature] 18 Jan 07