## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000023682

Title:

Name:

Address: City-St-Zip: CFO

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1177 LOUISIANA AVE. STE 112

KOEHNE, BARBARA J

WINTER PARK, FL 32789

Entity Name: GALLOWAY FINANCIAL CORPORATION

FILED Feb 21, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1177 LOUISIANA AVE. SUITE 112 WINTER PARK, FL 32789 **New Mailing Address: Current Mailing Address:** 1177 LOUISIANA AVE. SUITE 112 WINTER PARK, FL 32789 FEI Number: 11-3683135 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOEHNE, BARBARA J 1177 LOUISIANA AVE #112 WINTER PARK, FL 32789 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: () Change () Addition BAYER, DONNA L Name: Name: 1177 LOUISIANA AVE. STE 112 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: COO Title: ( ) Delete () Change () Addition Name: MACHERONE, SANDRA C Name: 1177 LOUISIANA AVE. STE 112 Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: BARBARA J. KOEHNE CFO 02/21/2008

() Change () Addition