2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000106809

Entity Name: GALLAGHER FAMILY HOMES, INC.

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6609 RIDGE RD. 6609 RIDGE RD. PORT RICHEY, FL 34668 SUITE 2

PORT RICHEY, FL 34668

Current Mailing Address: New Mailing Address:

P O BOX 1089 PORT RICHEY, FL 34673

FEI Number: 74-3234311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALLAGHER, CRAIG GALLAGHER, CRAIG S PRES 6328 US HWY 19 G6609 RIDGE ROAD

NEW PORT RICHEY, FL 34652 US SUITE 2

PORT RICHEY, FL 34668 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: CRAIG S. GALLAGHER 04/22/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: PRFS (X) Change () Addition GALLAGHER, CRAIG GALLAGHER, CRAIG S PRES Name: Name: 6328 US HWY 19 6609 RIDGE ROAD, SUITE 2 Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34652 City-St-Zip: PORT RICHEY, FL 34668

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.

SIGNATURE: CRAIG S. GALLAGHER PRES 04/22/2009