2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 09, 2008 08:00 Al DOCUMENT # P99000017799 **Secretary of State** 1. Entity Name LYNDA GALLAHER, P.A. Principal Place of Business Mailing Address 216 SUNNY ROAD 216 SUNNY ROAD TAVERNIER, FL 33070 TAVERNIER, FL 33070 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0907576 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GALLAHER, LYNDA DO NOT WRITE 216 SUNNY ROAD TAVERNIER, FL 33070 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 reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150,00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE GALLAHER, LYNDA NAME STREET ADDRESS 216 SUNNY ROAD TAVERNIER, FL 33070 CRY-ST-7P U00000776417 01/09/08-80023-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CHY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. Thereby certify that the information supplied with this filling 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