## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000056816

Entity Name: BRIAN GALLEY & ASSOCIATES, INC.

FILED Apr 30, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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1220 N E STREET 7853 SE SUGARSAND CIRCLE LAKE WORTH, FL 33460 HOBE SOUND, FL 33455

Current Mailing Address: New Mailing Address:

1220 N E STREET 7853 SE SUGARSAND CIRCLE LAKE WORTH, FL 33460 HOBE SOUND, FL 33455

FEI Number: 65-0928736 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:

GALLEY, BRIAN
1220 N E STREET
7853 SE SUGARSAND CIRCLE
LAKE WORTH, FL 33460 US HOBE SOUND, FL 33455 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: BRIAN GALLEY 04/30/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: GALLEY, BRIAN Name: GALLEY, BRIAN

 Address:
 1220 N E STREET
 Address:
 7853SE SUGARSAND CIRCLE

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 HOBE SOUND, FL 33455

Title: D () Delete Title: () Change () Addition
Name: GALLEY ROBERT P Name:

 Name:
 GALLEY, ROBERT P
 Name:

 Address:
 1220 N E STREET
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRIAN GALLEY D 04/30/2005