
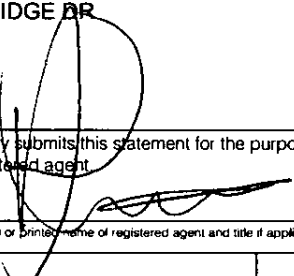
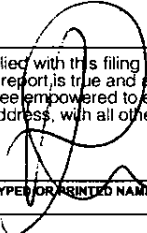


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90113 013 \*\*\*158.75

<b>DOCUMENT # P99000056816</b> 1. Entity Name <b>BRIAN GALLEY &amp; ASSOCIATES, INC.</b>					
Principal Place of Business <b>934 NW SPRUCE RIDGE DR A 8 STUART, FL 34994</b>			Mailing Address <b>934 NW SPRUCE RIDGE DR A 8 STUART, FL 34994</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0928736</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GALLEY, BRIAN 934 NW SPRUCE RIDGE DR APT A8 STUART, FL 34994</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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  <span style="float: right;"><i>President</i></span> <span style="float: right;"><i>April 10<sup>th</sup> 2008</i></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GALLEY, BRIAN 78536E SUGAR SAND CIRCLE HOBE SOUND, FL 33455</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>934 NW SPRUCE RIDGE DR, APT A8. STUART, FL 34994</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GALLEY, ROBERT P 1220 NE STREET LAKE WORTH, FL 33460</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>934 NW SPRUCE RIDGE DR, APT A8. STUART, FL 34994</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>  <span style="float: right;"><i>April 10<sup>th</sup> 2008</i></span> <span style="float: right;"><i>772-932-4034</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40081164

# 899000056816

**Brian Galley & Associates**  
Marine Surveyor and Consultants

Division of Corporations,  
PO. BOX 1500,  
Tallahassee, FL 32302-1500.

April 10<sup>th</sup>, 2008.

Dear Sir or Madam,

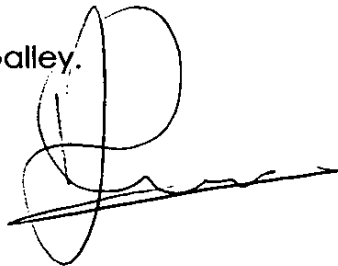
Please find enclosed my annual report fee of \$150,00 plus \$8,75 for a certificate of status.

Is it possible for you to name the two directors on the certificate of status, ie myself Brian Galley and my son Robert Galley, The reason for this request is as follows.

My son Robert travels to South Africa frequently on business, His US status right now is "Alien traveling on his Green Card" with the present security situation it would make his entry into the US a little easier if he could show that he is a director of a US corporation.

Yours faithfully,

Brian Galley.

A handwritten signature in black ink, appearing to be 'Brian Galley', with a large loop at the top and a long horizontal stroke at the bottom.