

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001394

Entity Name: GALIC BROTHERS, INC.

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

250 EAST FIFTH STREET
CINCINNATI, OH 45202 US

New Principal Place of Business:

Current Mailing Address:

C/O THOMAS E. MISHELL
ONE EAST FOURTH STREET, STE 800
CINCINNATI, OH 45202 US

New Mailing Address:

FEI Number: 31-1391777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBAN, KEN
OCEAN REEF CLUB
31 OCEAN REEF DR., STE C-300
KEY LARGO, FL 33037 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: FULLER, VICTOR L PD
Address: TWO ALHAMBRA PLAZA SUITE 1280
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: FULLER, STEPHEN M VD
Address: TWO ALHAMBRA PLAZA SUITE 1280
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: VONDERHAAR, DANIEL J D
Address: 1 EAST FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: VT () Delete
Name: MILIANO, CHRISTOPHER P VT
Address: 250 EAST 5TH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: V () Delete
Name: MUETHING, MARK F V
Address: 250 EAST 5TH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: S () Delete
Name: LUBAN, KENNETH A S
Address: 31 OCEAN REEF DRIVE SUITE C-300
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: MISHELL, THOMAS E AT
Address: ONE EAST FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

Title: () Change () Addition
Name:
Address:
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: THOMAS E. MISHELL

AT

04/18/2005

Electronic Signature of Signing Officer or Director

_____ Date