


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 846247**  
1. Entity Name  
**S.R. GALLERY, INC.**



Principal Place of Business <b>105 COMMERCE DRIVE C/O TAX DEPT ASTON, PA 19014 US</b>	Mailing Address <b>105 COMMERCE DRIVE C/O TAX DEPT ASTON, PA 19014 US</b>
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**DO NOT WRITE IN THIS SPACE**



03312005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>23-2096809</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

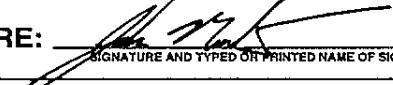
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESNICK, STEWART 9481 SUNSET BLVD. BEVERLY HILLS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RESNICK, LYNDA 9481 SUNSET BLVD. BEVERLY HILLS, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LUCKER, HOWARD P 205 STANDISH LANE MERION, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORTON, JOHN 101 MOUGINS CIRCLE KENNETT SQUARE, PA 19348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESNICK, STEWART 105 COMMERCE DRIVE ASTON, PA 19014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1101000313558  
04/18/05-80128-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  , V.P. Taxation 4/08/05 610-497-4817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #