

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08748

FILED
May 01, 2008
Secretary of State

Entity Name: FIFTH AVENUE ART GALLERY, INC.

Current Principal Place of Business:

1470 HIGHLAND AVE
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

1470 HIGHLAND AVE.
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 59-2966570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, JOEL E ESQ
6767 N. WICKHAM ROAD
STE 306
MELBOURNE, FL 32940 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHANNON, KAYE
Address: 5149 WEXFORD DR
City-St-Zip: VIERA, FL 32955

Title: VPD () Delete
Name: TSAMOUTALES, MARY
Address: 2293 VENETIA PLACE
City-St-Zip: INDIALANTIC, FL 32903

Title: T () Delete
Name: MITTLEMAN, LOIS ANN
Address: 1634 FICUS POINT DR.
City-St-Zip: MELBOURNE, FL 32940

Title: SD () Delete
Name: SCHNITZIUS, LORETTA
Address: 312 JACK DR
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEWMAN, MARLIS
Address: 335 S. LAKESIDE DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

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

Title: T (X) Change () Addition
Name: MITTLEMAN, LOIS ANN
Address: 1634 FICUS POINT DR.
City-St-Zip: MELBOURNE, FL 32940

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOIS ANN MITTLEMAN

_____ Electronic Signature of Signing Officer or Director

TREA

05/01/2008

_____ Date