

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L08748

FILED  
Mar 21, 2009  
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:

BOYD, JOEL E ESQ  
360 N BABCOCK STREET  
MELBOURNE, FL 32935 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:

Electronic Signature of Registered Agent

03/21/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

Title: VPD (X) Change ( ) Addition  
Name: SHANNON, KAYE  
Address: 5149 WEXFORD DROVE  
City-St-Zip: ROCKLEDGE, FL 32955

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

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 MITTLEMAN

Electronic Signature of Signing Officer or Director

T

03/21/2009

Date