


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90161 037 ****61.25

DOCUMENT # N93000001314 1. Entity Name ISLAND GALLERY WEST, INC.			
Principal Place of Business 5368 GULF DR N HOLMES BEACH FL 34217		Mailing Address 5368 GULF DR N HOLMES BEACH FL 34217	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40067004



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0400009		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent FITZGERALD, JANE 309 A 65TH ST HOLMES BEACH FL 34217		7. Name and Address of New Registered Agent Name: JOHN BONSER Street Address (P.O. Box Number is Not Acceptable): 3502 62ND ST. W BRADENTON, FL 34209 City: BRADENTON, FL FL Zip Code: 34209	
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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: *John C. Bonser* (NOTE: Registered Agent signature required when reinstating) DATE: 3/3/05

FILE NOW: FEE IS \$61.25 Due By: May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: MEARS, L STREET ADDRESS: 76112 18 AVE NW CITY-ST-ZIP: BRADENTON FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MEARS, W. M. STREET ADDRESS: 7612 18TH AVE NW CITY-ST-ZIP: BRADENTON FL	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OSHERMAN, NORMAN STREET ADDRESS: 3 EALING ON DIXBURY CITY-ST-ZIP: ROLLINS MEADOWS IL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: DEFORGE, HELEN STREET ADDRESS: 629 EMERALD LANE CITY-ST-ZIP: HOLMES BEACH FL	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: JOHN BONSER STREET ADDRESS: 3502 62ND ST. W CITY-ST-ZIP: BRADENTON, FL 34209	<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 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 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 617, 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: *Norman Sherman* DATE: 3/3/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #