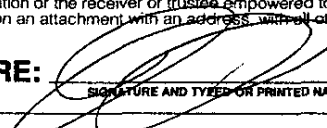


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90106 034 ***150.00

DOCUMENT # P03000075307					
1. Entity Name MY FRAME SHOP AND GALLERY INC.					
Principal Place of Business 1701 NORTH FLAGLER #103 WEST PALM BEACH, FL 33407			Mailing Address 1701 NORTH FLAGLER #103 WEST PALM BEACH, FL 33407		
2. Principal Place of Business 4047 Okeechobee Blvd		3. Mailing Address 4047 Okeechobee Blvd			
Suite, Apt. #, etc. 119		Suite, Apt. #, etc. 119		01062004 Chg-P CR2E034 (10/03)	
City & State West Palm Bch FL		City & State WPB FL		4. FEI Number 20-0129723 Applied For Not Applicable	
Zip 33409 Country		Zip 33409 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACAS, JAMNEA M 1701 NORTH FLAGLER #103 WEST PALM BEACH, FL 33407 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4047 Okeechobee Blvd #119 WEST PALM BEACH FL 33409	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYDON, MICHAEL M 1701 NORTH FLAGLER #103 WEST PALM BEACH, FL 33407 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition DELETE 4047 Okeechobee Blvd #119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 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: 			JAMNEA JACAS 3/10/04 561-4788281		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					