


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90100 037 \*\*\*150.00

<b>DOCUMENT # P94000085022</b>			
1. Entity Name MEREDITH GALLERY LTD., INC.			
Principal Place of Business 225 WELLS RD PALM BEACH, FL 33480		Mailing Address P O BOX 1058 PALM BEACH, FL 33480	
2. Principal Place of Business		3. Mailing Address <i>225 Wells Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Palm Beach, FL</i>	
Zip	Country	Zip <i>33480</i>	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DUNKEL, GARY M 777 S FLAGLER DR #300E WEST PALM BEACH, FL 33401		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN, JUDITH S	NAME	
STREET ADDRESS	225 WELLS RD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIPPMAN, ELI M	NAME	
STREET ADDRESS	225 WELLS RD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, MEREDITH	NAME	
STREET ADDRESS	6605 PAXTON RD	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE, MD - 28052	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Judith Lippman</i>		Date: <i>1/26/04</i> Daytime Phone #: <i>9416267650</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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01202004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0536373 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required