

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000085022

Entity Name: MEREDITH GALLERY LTD., INC.

FILED  
Jan 12, 2009  
Secretary of State

**Current Principal Place of Business:**

225 WELLS RD  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

225 WELLS RD  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 65-0536373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUNKEL, GARY M  
777 S FLAGLER DR #300E  
WEST PALM BEACH, FL 33401      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: LIPPMAN, JUDITH S  
Address: 225 WELLS RD  
City-St-Zip: PALM BEACH, FL 33480

Title: D      ( ) Delete  
Name: LIPPMAN, ELI M  
Address: 225 WELLS RD  
City-St-Zip: PALM BEACH, FL 33480

Title: D      ( ) Delete  
Name: LIPPMAN KIMMEL, MEREDITH  
Address: 8118 AUTUMN GATE LN  
City-St-Zip: BETHESDA, MD 20817

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D      (X) Change ( ) Addition  
Name: LIPPMAN, MEREDITH  
Address: 6605 PAXTON ROAD  
City-St-Zip: ROCKVILLE, MD 20852

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: JUDITH S. LIPPMAN

D

01/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date