


FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90029 050 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000077730 1. Entity Name O.R. GALLERY, INC.	
---	---

Principal Place of Business 15845 REDINGTON DRIVE REDINGTON BEACH, FL 33708	Mailing Address 15845 REDINGTON DRIVE REDINGTON BEACH, FL 33708
--	--



2. Principal Place of Business 15566 Gulf Blvd <small>Suite, Apt. #, etc.</small>	3. Mailing Address 15566 Gulf Blvd <small>Suite, Apt. #, etc.</small>
--	--

03222005 Chg-P CR2E034 (10/03)

City & State REDINGTON BEACH, FL	City & State REDINGTON BEACH, FL
Zip 33708	Zip 33708
Country USA	Country USA

4. FEI Number 59-3531870	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 SPIEGAL & UTERA, P.A. LAWYERS 343 ALMERIA AVENUE CORAL GABLES, FL 33134
--

7. Name and Address of New Registered Agent Name LENKA MALKOVA Street Address (P.O. Box Number is Not Acceptable) 15566 GULF BLVD City REDINGTON BEACH FL Zip Code 33708
--

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:  LENKA MALKOVA	DATE
---	------

FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--	------------------------------------

10. OFFICERS AND DIRECTORS		Delete
TITLE	PSTD	<input checked="" type="checkbox"/>
NAME	MALKOVA, LENKA	
STREET ADDRESS	15845 REDINGTON DRIVE	
CITY-ST-ZIP	REDINGTON BEACH, FL 33708	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Delete	Change	Addition
TITLE	PSTD		<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	MALKOVA, LENKA			
STREET ADDRESS	15566 GULF BLVD, REDINGTON BEACH			
CITY-ST-ZIP				
TITLE			<input type="checkbox"/>	<input type="checkbox"/>
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE			<input type="checkbox"/>	<input type="checkbox"/>
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE			<input type="checkbox"/>	<input type="checkbox"/>
NAME				
STREET ADDRESS				
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:  LENKA MALKOVA	Date: 3-22-05 Daytime Phone #: 727-3933239
---	--