## 2006 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT			Jan 31, 2006 08:00 AM		
JMENT # 360393 ame ITE GALERIE, INC.				Secret	ary of State
ace of Business ON COVE WAY . 33602	Mailing Address 301 WEST PLATT STREET #33 TAMPA, FL 33606	30	] 		- 1710 F. H.
		CE	01062006 4. FEI Numbe 59-1297	No Chg-P r 7249	CR2E034 (11/05)  Applied For Not Applicab  \$8.75 Additional Fee Required
ZIPSER, HELGA L. 871 SEDDON COVE WAY TAMPA, FL 33602			IN T	HIS SP	ACE
ations of registered agent.  Signature, typod or printed name of registered agent and to	itle it applicable (NOTE, Registere	d Agent signature required	when reinstating)  00 May Be	n, in the State of Flo	rida. I am familiar with, and accep
P ZIPSER, HELGA L. 871 SEDDON COVE WAY TAMPA, FL 33602 V ZIPSER, RANDAL A 721 SOUTH NEWPORT AVENUE TAMPA, FL 33606	ECTORS			U00000 02/0 <b>8/0</b> 6-1	408171 80059-023 150.00
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	JMENT # 360393  Interpolation of the control of the	JMENT # 360393  ITE GALERIE, INC.  Size of Business  ON COVE WAY 33602  Mailing Address 301 WEST PLATT STREET #33 TAMPA, FL 33606  DO NOT WRITE IN THIS SPA  6. Name and Address of Current Registered Agent  HELGA L. DON COVE WAY FL 33602  The named entity submits this statement for the purpose of changing its registered ations of registered agent.  Signature, typed or printed name of registered agent and title if applicable  NOTE, Registered Agent  Trust Fund Contribution.  OFFICERS AND DIRECTORS  P ZIPSER, HELGA L. 871 SEDDON COVE WAY TAMPA, FL 33602  V ZIPSER, RANDAL A 721 SOUTH NEWPORT AVENUE TAMPA, FL 33606	JMENT # 360393  ITTE GALERIE, INC.  Size of Business  ON COVE WAY 33602  Mailing Address 301 WEST PLATT STREET #330 TAMPA, FL 33606  DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent HELGA L. DON COVE WAY FL 33602  The named entity submits this statement for the purpose of changing its registered office or registered ations of registered agent.  Signature, typed or private name of registered agent and other applicable  NOTE. Registered Agent signature requised  NOTE. Registered Agent signature requised  LE NOW!!! FEE IS \$150.00 Agy 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  P ZIPSER, HELGA L. 871 SEDDON COVE WAY TAMPA, FL 33602  V ZIPSER, RANDALA 721 SOUTH NEWPORT AVENUE TAMPA, FL 33606	JMENT # 360393  Intel ITTE GALERIE, INC.  Ace of Business  ON COVE WAY 301 WEST PLATT STREET #330 TAMPA, FL 33606  DO NOT WRITE IN THIS SPACE  4. FEI Number 59-1297 5. Certificate of 59-1297 5. Certificate of 19-1297 5. Certificate of 19-1297 6. Name and Address of Current Registered Agent  HELGA L. DON COVE WAY FL 33602  DO IN T  DO IN T  DO IN T  LE NOW!!! FEE IS \$150.00 Agy 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  P ZIPSER, HELGA L. 871 SEDDON COVE WAY TAMPA, FL 33606  DO IN T	Secret  JMENT # 360393 Image of Business  DICOVE WAY 301 WEST PLAIT STREET #330 TAMPA, FL 33606  DO NOT WRITE IN THIS SPACE  Of 1062006 No Chg-P  4. FEI Number 59-1297249 5. Certificate of Status Desired  6. Name and Address of Current Registered Agent  HELGA L. DON COVE WAY FL 33602  DO NOT W IN THIS SP  PORTOR Population Agent signature mobiled when related by an originative mobiled when related when related when related when related when related agent, or both, in the State of Floration of registered agent.  Signature, rend or pristed name diregistered agent are differ applicable  POTE Registered Agent signature mobiled when related to Floration of registered agent.  POTE Registered Agent signature mobiled when related when related when related when related when related when related to Floration agent for the purpose of changing its registered office or registered agent, or both, in the State of Floration of registered agent.  Signature, rend or pristed name diregistered agent are differ applicable  POTE Registered Agent signature mobiled when related to Floration of registered agent.  Signature, rend or pristed agent.  DO NOT W  IN THIS SP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 instee 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

1/26/06

Daytime Phone #