


**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

08-24-2007 90024 035 \*\*\*550.00

DOCUMENT # <b>640068</b>	
1. Entity Name <b>ALLY NORD GALLERY OF ARTS INC</b>	

**DO NOT WRITE IN THIS SPACE**

40130116 ✓

CR2E034B (8/05)

2. Principal Place of Business <b>7383 ORANGEWOOD LANE</b>		3. Mailing Address <b>7383 ORANGEWOOD LANE</b>	
Suite, Apt. #, etc. <b>301</b>		Suite, Apt. #, etc. <b>301</b>	
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>	
Zip <b>33433</b>	Country <b>USA</b>	Zip <b>33433</b>	Country <b>USA</b>

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>MARK SHAPIRO ESQ</b>
Street Address (P.O. Box Number is Not Acceptable) <b>3000 EDGEWATER DR</b>
City <b>DELAND</b>
State <b>FL</b>
Zip Code <b>32804</b>

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 _____
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended AR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>ALVIN J. SHAPIRO</b> <b>7383 ORANGEWOOD LANE 4301</b> <b>BOCA RATON, FL 33433</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered

SIGNATURE: _____	8/20/07	561-482-2906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Day	Daytime Phone