2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2006 8:00 am Secretary of State

| DOCUMENT # L70770 1. Entity Name WEAVER GALLERY, INC. | | |) | 02-21-2006 9 | 00029 049 ***] | 50.00 | |
|---|---|---|--|---|-----------------|--|--|
| Principal Place of Business | Mailing Address 1702 CORDOVA ROAD | | , .y,v | | | | |
| 6972 TYRONE SQUARE ST. PETERSBURG, FL 33710 | SUITE 2 FT. LAUDERDALE, FL 333 | | 1 | | | | |
| | | | | | | | |
| Principal Place of Business | 3. Mailing Address | 17 st | | <u> </u> | | | |
| Suite, Apt. #, etc. Suite. Apt. #, etc. | | · | 01082006 | Chg-P | CR2E034 (11/ | 05) | |
| City & State | FT. LAUCERd | aLE FL | 4. FEI Number 59-3025 | | | Applied For Not Applicable | |
| Zip Country | | Country | | of Status Desired | □ \$8.75 | Additional | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| WEAVER, JOHN E | | Name | | | | | |
| 6972 TYRONE SQUARE ST PETERSBURG, FL 33710 | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| 077 E1ENOSONO, 1 E 001 10 | | | | | | | |
| | | 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 | nt and title if applicable. (NOTE: Reg | gistered Agent agnature require | ed when constating) | | DATE | | |
| | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550 | 9. Election Campaign F Trust Fund Contribut | | 5.00 May Be ded to Fees | | | | |
| After May 1, 2006 Fee will be \$550 10. OFFICERS ANI | .00 Trust Fund Contribut D DIRECTORS | tion. Ad | ded to Fees | CHANGES TO OFF | ICERS AND DIREC | | |
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12. Thereby certify that the information applies with this lamp does not adulty for the exemptions contained in Chapter 119, Florida Statutes, I harder certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oalt; that I am an officer or director of the corporation or the receiver or flustee 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:

TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-1-06

727 4245450

Daytime Phone #