



FILED
May 02, 2007 08:00 A
Secretary of State

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M90470	
1. Entity Name BF GALLERIA, INC.	

Principal Place of Business 4325 S. TAMiami TR. VENICE, FL 34293 US	Mailing Address 4325 S. TAMiami TR. 16 VENICE, FL 34293 US
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04302007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2896223	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGILLEN, ROBERT L.
4325 S. TAMiami TR.
VENICE, FL 34293

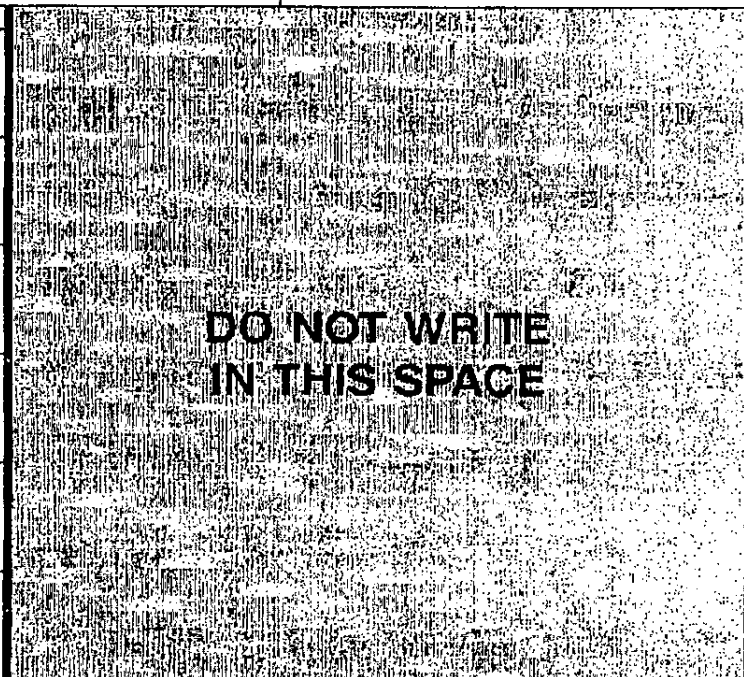


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000755201 05/22/07-80084-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILLEN, ROBERT L. 4325 S. TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGILLEN, VIVIAN L. 4325 S. TAMiami TRAIL VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 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: Robert L. McGillen Date: 5/30/07 Daytime Phone #: 941-492-4931

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR