2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16926

FILED Jan 29, 2009 Secretary of State

Entity Name: GALLERY PLAZA, INC.

Current Principal Place of Business: New Principal Place of Business: 3502 ACCESS RD UNIT 10 ENGLEWOOD, FL 34224 US **New Mailing Address: Current Mailing Address:** 3502 ACCESS RD **UNIT 10** ENGLEWOOD, FL 34224 US FEI Number: 59-2727227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOGER, STEVE 3502 ACCESS RD N. UNIT 10 ENGLEWOOD, FL 34224 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BERTLER, RITA Name: Name: 3502 N. ACCESS RD #1 Address: Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: Title: (X) Change () Addition () Delete WICKS, CINDY Name: MCCARTY, HARLAN Name: Address: 3502 N ACCESS RD #7 Address: 3502 N ACCESS RD #4 City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34224 Title: () Delete Title: () Change () Addition BOGER, STEVE Name: Name: Address: 3502 N ACCESS RD #1 Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition Name: MANNION, JOHN Name: BERTLER, RITA Address: 3502 N. ACCESS RD # 11 Address: 3502 N. ACCESS RD # 1 City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: ENGLEWOOD, FL 34224 Title: () Delete Title: () Change () Addition BERTLER, RICHARD T Name: Name: 3502 N ACCESS RD Address: Address: City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip: Title: () Delete Title: () Change () Addition MAZUR, JEFF Name: Name: Address: 3502 N ACCESS RD #8 Address: ENGLEWOOD, FL 34224 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA L. BERTLER SD 01/29/2009