


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000032484

1. Entity Name
THE REAL ESTATE GALLERY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 11 AM 8:00

Principal Place of Business: **17 N. SUMMERLIN AVE ORLANDO, FL 32801**

Mailing Address: **17 N. SUMMERLIN AVE ORLANDO, FL 32801**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

10062004 Chg-P CR2E034 (10/03) *MRP*

City & State: **ORLANDO FL**

Zip: **32801**

4. FEI Number: **59-3644231**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

9. Name and Address of Current Registered Agent
**JOHNSTON, EDWARD D
125 E. COPELAND DR.
ORLANDO, FL 32806**

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
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: _____ DATE: _____

Amended AR is **\$61.25**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 may be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P	NAME: BENNINGTON, DAHLTON A STREET ADDRESS: 627 NE 15TH AVE CITY-ST-ZIP: FT LAUDERDALE, FL 33304	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP	NAME: SHEHAN, JON STREET ADDRESS: 1600 E AMELIA STREET CITY-ST-ZIP: ORLANDO, FL 32803	TITLE: VP	NAME: Kimberly Russell STREET ADDRESS: 4824 Tinsley Dr CITY-ST-ZIP: ORLANDO FL 32839
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____	NAME: 200041768462 STREET ADDRESS: 10/11/04--01017--001 CITY-ST-ZIP: **\$1.25
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	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 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 Block 11 if changed, or on an attachment with an address with all other like employees.

SIGNATURE: *[Signature]* DATE: **10/5/04** *ASH-Hol-SRB*