


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

03-28-2005 90059 029 ***150.00

DOCUMENT # P0000088817

1. Entity Name
MIRAGE CRYSTAL GALLERY, INC.



Principal Place of Business
**800 2ND AVE NE
 ST PETERSBURG, FL 33701**

Mailing Address
**800 2ND AVE NE
 ST PETERSBURG, FL 33701**

66019958



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

05192005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3672399

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRAY, CAROL L 800 2ND AVE NE ST PETERSBURG, FL 33701		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRAY, CAROL L	NAME	NAME D <input type="checkbox"/> Delete	NAME
STREET ADDRESS 1111 N. BAYSHORE BLVD A-8	STREET ADDRESS	STREET ADDRESS D <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP CLEARWATER, FL 33759	CITY-ST-ZIP	CITY-ST-ZIP D <input type="checkbox"/> Delete	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME D <input type="checkbox"/> Delete	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS D <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP D <input type="checkbox"/> Delete	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME D <input type="checkbox"/> Delete	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS D <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP D <input type="checkbox"/> Delete	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME D <input type="checkbox"/> Delete	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS D <input type="checkbox"/> Delete	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP D <input type="checkbox"/> Delete	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 empowered.

SIGNATURE: *Carol L. Gray* **5-24-05** ⁷²⁷ **895-1166**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #