2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000116900

THE SHOOTING GALLERY, INC.



Principal Place of Business 2911 WEST 39TH STREET

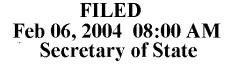
SUITE 800 ORLANDO, FL 32839 Mailing Address

11455 SOUTH ORANGE BLOSSOM

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

ÖRLANDO, FL 32837





01262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3687179

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

447 - 4587

6. Name and Address of Current Registered Agent

LWIN, MICHAEL 11455 SOUTH O.B.T ORLANDO, FL 32837

SIGNATURE:

DO NOT WRITE IN THIS SPACE

1					
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.80 9. Election Campaign Finantity Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LWIN, MICHAEL 11455 SOUTH ORANGE BLOSSOM T ORLANDO, FL 32837	TRAIL			U00000033092 02/06/04-80164-015 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					SEV SOV S 1 GOTO 1 615 150155
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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 empowered.					