

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90202 021 ***150.00

DOCUMENT # P01000043228

1. Entity Name
GALLERIA COLLECTION MARKETING, INC.



Principal Place of Business 2572 E. SUNRISE BLVD. FT. LAUDERDALE, FL 33304	Mailing Address 2572 E. SUNRISE BLVD. FT. LAUDERDALE, FL 33304
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24071080



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc. 945 EAST LAS OLAS BLVD. City & State FT. LAUDERDALE, FL. Zip 33301 Country	Suite, Apt. #, etc. 945 EAST LAS OLAS BLVD. City & State FT. LAUDERDALE, FL. Zip 33301 Country
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03102004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1100688	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MCRAE, PAUL
2572 E. SUNRISE BLVD.
FT. LAUDERDALE, FL 33304

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.

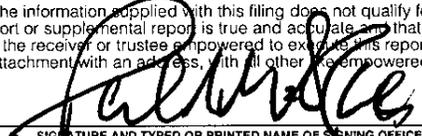
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	NAME MCRAE, PAUL
STREET ADDRESS 2572 E. SUNRISE BLVD.	CITY-ST-ZIP FT. LAUDERDALE, FL 33304
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	945 EAST LAS OLAS BLVD.
STREET ADDRESS	FT. LAUDERDALE, FL 33301
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, 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 persons empowered.

SIGNATURE:  **Paul McRae** **4/30/04** **954-229-2222**

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