2005 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # P01000051754

1. Entity Name
GLOBAL CAMERA & GALLERY, INC.

Principal Place of Business	Mailing Address
11025-A INTERNATIONAL DR. ORLANDO, FL 32821	926 TRUMAN AVENUE KEY WEST, FL 33040

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

08102005   Chg-P   CR2E034 (10/03)

Zip	Country	Zip	Country

4. FEI Number
59-3720815

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
KADOSH, YAIR 11025-A INTERNATIONAL DR. ORLANDO, FL 32821	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   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	PSTD	☐ Delete	TITLE	PSTD	☒ Change	☐ Addition
NAME	KADOSH, YAIR		NAME	Kadosh, Yair		
STREET ADDRESS	11025-A INTERNATIONAL DR		STREET ADDRESS	6301 Collins Ave., #1203		
CITY-ST-ZIP	ORLANDO, FL 32821		CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE		☐ Delete	TITLE	VP	☐ Change	☒ Addition
NAME			NAME	Kadosh, Tamir		
STREET ADDRESS			STREET ADDRESS	11025 International Dr.		
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32821		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS	200059176692		
CITY-ST-ZIP			CITY-ST-ZIP	08/31/05--01033--011 **61.25		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: _____ Yair Kadosh, President 8/15/05 305-868-7480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #