2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000092365

1. Entity Name
GALLERY ON WHEELS, INC.

Principal Place of Business	Mailing Address
2606 W GRAND RESERVE CIR #136 CLEARWATER, FL 33759	2606 W GRAND RESERVE CIR #136 CLEARWATER, FL 33759

DO NOT WRITE IN THIS SPACE

04262004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3745244	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, MOSHE
2606 W GRAND RESERVE CIR
#136
CLEARWATER, FL 33759

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 _Moshe Miller_   DATE 4/30/2004

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, MOSHEE
STREET ADDRESS	2606 W GRAND RESERVE CIR
CITY-ST-ZIP	CLEARWATER, FL 33759

N/A

TITLE	
NAME	MOSHE MILLER
STREET ADDRESS	702 51st St. #431B
CITY-ST-ZIP	BRADENTON FL. 34208

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: _Moshe Miller_   4/30/2004   941 729 9700

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