


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State


04-19-2006 90086 038 ***150.00

DOCUMENT # P02000134116		
1. Entity Name HOME ACCESSORY GALLERIES, INC.		

Principal Place of Business 5858 W. ATLANTIC AVENUE DELRAY BEACH, FL 33484	Mailing Address 5858 W. ATLANTIC AVENUE DELRAY BEACH, FL 33484
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2. Principal Place of Business 1301 N. STATE RD. 7	3. Mailing Address PO Box 210333
Suite, Apt. #, etc. A 2185	Suite, Apt. #, etc.

City & State ROYAL PALM BCH. FL	City & State ROYAL PALM BCH FL.
Zip 33411	Zip 33421
Country USA	Country USA

	
04132006 Chg-P	CR2E034 (11/05)
4. FEI Number 33-1035351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHEEL, GAIL M 5858 W. ATLANTIC AVENUE DELRAY BEACH, FL 33484	
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7. Name and Address of New Registered Agent Name KAREN A. RIDDLE Street Address (P.O. Box Number is Not Acceptable) 10199 CYPRESS LAKES PRESERVE DR. City LAKE WORTH FL Zip Code 33467	
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 Karen Riddle DATE 4/14/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERGMANN, REGINA M 5858 W ATLANTIC AVE DELRAY BEACH, FL 33484 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAREN A. RIDDLE 10199 CYPRESS LAKES PRESERVE DR. LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Karen Riddle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	KAREN A. RIDDLE Date 4/14/06 Daytime Phone #