
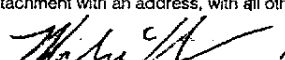


FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P03000050410						Feb 02, 2004 08:00 AM	
1. Entity Name SOUTH SHORE GALLERY, INC.				Secretary of State			
Principal Place of Business 1520 9 ST SE RUSKIN, FL 33570				Mailing Address P.O. BOX 700 RUSKIN, FL 33575			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SIMS, MELVIN H 1520 9 ST SE RUSKIN, FL 33570				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
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.				FL Zip Code			
SIGNATURE				DATE			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY - ST - ZIP				TITLE NAME STREET ADDRESS CITY - ST - ZIP			
D SIMS, MELVIN H 417 14 AVE SE RUSKIN, FL 33570 <input type="checkbox"/> Delete				U000000031073 02/04/04-80133-824-150-00 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
D HOWARD, BETH 307 18 AVE SE RUSKIN, FL 33570 <input type="checkbox"/> Delete							
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:  MELVIN H. SIMS				1-26-04 813-645-7827			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Day/Time Phone #			