2007 FOR PROFIT CORPORATION

FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90073 004 ***150.00

AIIII	OAL REPORT	
DOCUMENT # P0300 1. Entity Name REEF GALLERY INCORPORA		
Principal Place of Business 35 FISHING VILLAGE DRIVE KEY LARGO, FL 33037	Mailing Address 35 FISHING VILLAGE DRIVE KEY LARGO, FL 33037	

Principal Place 35 FISHING V	e of Business /ILLAGE DRIVE	Mailing Address 35 FISHING VILLAGE DRIVE	;				
KEY LARGO, I	FL 33037	KEY LARGO, FL 33037					
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L. T.	O-NOT-WRITE	IN THIS SPA	UE A	4. FEI Number		Applied For	
			Charles it	20-0246 5. Certificate of	of Status Desired	Not Applicable \$8.75 Additional	
-	6. Name and Address of Current Re	gistered Agent	h Linder, Lean?			Fee Required	
KEY LARG	G VILLAGE DR GO, FL 33037			IN T	NOT W HIS SP	ACE	
8. The above	named entity submits this statement for t	he purpose of changing its register	ea office or register	red agent, or both	h, in the State of Flo	rida. I am familiar with, and accept	
8. The above named entity submits this statement for the purpose of changing ite registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 3 - 16 - 0 7							
SIGNATURE Signature. Speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	RECTORS	STATE AND AND	.000		THE WATER STREET	
TITLE	DPT ELLIOTT, BRUCE W			41			
NAME STREET ADDRESS	35 FISHING VILLAGE DRIVE		44.200				
CITY-ST-Z#	KEY LARGO, FL 33037		or the creek				
TITLE	DVPS		"我们"				
NAME CYDEET ADDRESS	ELLIOTT, KIM F		Maria de				
STREET ADDRESS	35 FISHING VILLAGE DRIVE KEY LARGO, FL 33037						
TITLE							
NAME			建筑的				
STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
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STREET ADDRESS CITY-ST-ZP							
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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 attentifient with an address, with all other like empowered.

SIGNATURE: /

SAGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-07

305-307-8001

Daytime Phone €