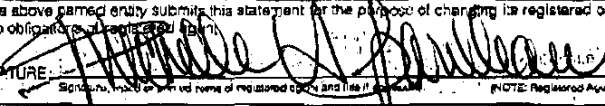


FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90247 040 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000067819																																										
1. Entity Name BLACK CAT GALLERY, INC.																																										
Principal Place of Business 8376 S TAMiami TRAIL SARASOTA, FL 34238		Mailing Address 8376 S TAMiami TRAIL SARASOTA, FL 34238																																								
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent BARILLEAU, MICHELLE 8376 S TAMiami TRAIL SARASOTA, FL 34238		DO NOT WRITE IN THIS SPACE																																								
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 obligation of, each agent listed below.																																										
SIGNATURE:  Signature must be printed name of registered agent and file if applicable. (NOTE: Registered Agent's signature required when reappointing)		DATE: 29 May 06																																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees																																								
DO NOT WRITE IN THIS SPACE																																										
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>PRES</td></tr><tr><td>NAME</td><td>BARILLEAU, MICHELLE</td></tr><tr><td>STREET ADDRESS</td><td>8376 S TAMiami TRAIL</td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA, FL 34238</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	PRES	NAME	BARILLEAU, MICHELLE	STREET ADDRESS	8376 S TAMiami TRAIL	CITY-ST-ZIP	SARASOTA, FL 34238	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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 637, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																										