

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000119613

1. Entity Name  
COLLECTIBLE ART GALLERY.COM, INC.



Principal Place of Business  
15005 BUFFALO LANE  
BROOKSVILLE, FL 34613

Mailing Address  
P. O. BOX 6999  
SPRING HILL, FL 34611

**FILED  
Mar 19, 2007 08:00 AM  
Secretary of State**



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1503895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

COHEN, ERIC  
15005 BUFFALO LANE  
BROOKSVILLE, FL 34613

**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 obligations of registered agent.

SIGNATURE

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

000000671456  
03/28/07-80029-022 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME COHEN, ERIC  
STREET ADDRESS 15005 BUFFALO LANE  
CITY-ST-ZIP BROOKSVILLE, FL 34613

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Eric Cohen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Eric Cohen*

3-15-07 8160-377-2968

Date

Daytime Phone #