2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000151317

City-St-Zip:

TAMPA, FL 33629

Entity Name: LYSSA MORGAN GALLERY OF TAMPA, INC.

FILED Aug 10, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
4062 HEN TAMPA, F	DERSON BL\ L 33629	/D			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4062 HEN TAMPA, F	DERSON BL\ L 33629	/D			
FEI Number:	: 20-1816922	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CARTER, 4062 HEN TAMPA, F	DERSON BL\				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DPTS (CARTER, LYS 1705 S HESPI TAMPA, FL 33	ERIDES	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEO (CARTER, LYS 1705 S HESPI TAMPA, FL 33	ERIDES	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	CFO (CARTER, JAM 4062 HENDER		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LYSSA A. CARTER DPTS 08/10/2006