

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000166050

FILED
Mar 16, 2005
Secretary of State

Entity Name: FIRST NATION GALLERY, INC.

Current Principal Place of Business:

14125 SEVENTH STREET
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

13509 RIADA WAY
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 20-1987175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CHAD W
13509 RIADA WAY
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

ANDERSON, MATTHEW B
13509 RIADA WAY
DADE CITY, FL 33525 US

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.

SIGNATURE: MATTHEW B ANDERSON

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, CHAD W
Address: 13509 RIADA WAY
City-St-Zip: DADE CITY, FL 33525 US

Title: STD () Delete
Name: ANDERSON, MATTHEW B
Address: 13509 RIADA WAY
City-St-Zip: DADE CITY, FL 33525 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD () Change (X) Addition
Name: LEAVITT, DENNIS N
Address: 13509 RIADA WAY
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MATTHEW B ANDERSON

STD

03/16/2005

Electronic Signature of Signing Officer or Director

Date