03/27/2007 11:47 FAX 727 388 6688 ASI PAM GREEN

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Apr 02, 2007 8:00 am
Secretary of State
04-02-2007 90074 017 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000089802

1. Entity Name
TRINITY GALLERY CORPORATION

Principal Place of Business	Mailing Address
214 BEACH DRIVE NE ST. PETERSBURG, FL 33701 US	2601 9TH AVENUE NORTH ST. PETERSBURG, FL 33713

20008282

03272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	214 Beach Dr NE
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State: St Petersburg FL
Zip / Country	Zip: 33701 Country

4. FEI Number: 20-3017901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORBOEN-ABRAMS, MONIQUE
2601 9TH AVENUE NORTH
ST. PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name: ALLAN ABRAMS
Street Address (P.O. Box Number Is Not Acceptable): 214 BEACH DRIVE NE
City: St Petersburg FL Zip Code: 33701

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] ALLAN ABRAMS President
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDS BORBOEN-ABRAMS, MONIQUE 2601 9TH AVENUE NORTH ST. PETERSBURG, FL 33713	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDT ABRAMS, ALLAN G 1101 22ND AVENUE NORTH ST. PETERSBURG, FL 33704	☐ Delete	TITLE: P, D, T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] ALLAN ABRAMS Pres March 28 2007 727 821 1803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #