

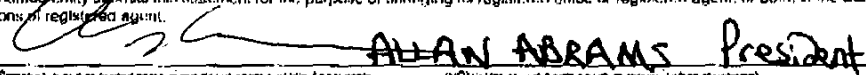
03/27/2007 11:47 FAX 727 388 8888

ASI PAM GREEN

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90074 017 ***150.00

DOCUMENT # P05000089802			
1. Entity Name TRINITY GALLERY CORPORATION			
Principal Place of Business 214 BEACH DRIVE NE ST. PETERSBURG, FL 33701 US		Mailing Address 2601 9TH AVENUE NORTH ST. PETERSBURG, FL 33713	
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	Country
33701		33701	
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  ALLAN ABRAMS President Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when not required)			
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 NAME STREET ADDRESS CITY-ST-ZIP	P.D.T ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  ALLAN ABRAMS Pres March 28 2007 727 8711803 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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