## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2005 08:00 AM Secretary of State

				_ 0411 20, 2006 00.001	
DOCUMENT # P93000047595  1. Entity Name JEWELRY AND WATCHES GALORE, INC.			Secretary of State		
914 S. PINE	ELLAS AVENUE_	Mailing Address 914 S. PINELLAS AVENUE TARPON SPRINGS, FL 34689	US		
DO NOT WRITE IN THIS SPA			CE	01172005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For S9-3196050 Not Applied ble  5. Certificate of Status Desired S8.75 Additional	
ļ		<del></del>	<del></del> -	5. Certificate of Status Desired Fee Required	
6. Name and Address of Current Registered Agent  MESSINGER, LOUIS 1300 LILY CT  TARPON SPRINGS, FL 34689			DO NOT WRITE IN THIS SPACE		
8. The above named entity submits this statement for the purpose of changing its registers the obligations of registered agent.  SignATURE  SignAure typed or printed name of registered agent and title if applicable (NOTE Registered).			red office or registered agent, or both, in the State of Florida. I am familiar with, and accept 1/17/05 to Agent signature required when reinstating)  DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			01/21/05-80082-014 150.08		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRECT DIR	OTORS			
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	

12. I hereby certify that the information supplied with this filling does not qualify 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 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: Herbert Massing - Herbert Messinger Signing OFFICER OR DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1/17/05 - 942-0009