2004 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Mar 31, 2004 08:00 AM Secretary of State **DOCUMENT # P94000059584** GALLERY OF EXPRESSIONS, INC. Principal Place of Business Mailing Address 9517 FOX TROT LN. 8221 GLADES ROAD BOCA RATON, FL 33434 BOCA RATON, FL 33496 CR2E034 (10/03) 03162004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0530752 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE WOLFSON, MINDY 9517 FOX TROT LANE BOCA RATON, FL 33496 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) DATE 10000009381.0 03/31/04-80020-016 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE WOLFSON, MINDY NAME 9517 FOX TROT LN. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filing 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 chaptering of one or attemption that it is a statute of the relief of the product of the corporation of the corporation of the corporation of the corporation of the relief of the corporation of the corpor changed, or on an attachment with an address

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZP