


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

2/2

FILED
Mar 23, 2007 8:00 am
Secretary of State

02-23-2007 90037 024 ***150.00

DOCUMENT # F96000070000	
1. Entity Name LARUE LEATHER GALLERY INC.	

Principal Place of Business 3801 N. FEDERAL HWY OAKLAND PARK, FL 33307 US	Mailing Address 1040 SW 10TH AVE SUITE 5 POMPANO BEACH, FL 33069 US
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-P CR2E034 (11/05)

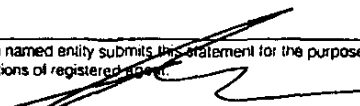
4. FEI Number 65-0692404	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LARUE, RODNEY
5850 W ATLANTIC AVE
DELRAY BEACH, FL 33484**

DO NOT WRITE 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.

SIGNATURE  DATE **2/13/07**

Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)

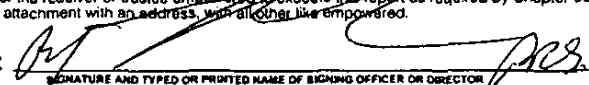
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LARUE, RODNEY 5850 W ATLANTIC AVE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT MAYNARD, TIMOTHY 5850 W ATLANTIC AVENUE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **3-17-07 954-9744339**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #