


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000087008 1. Entity Name SELECT GALLERY OF FLORIDA, INC.	
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Principal Place of Business 205 WORTH AVENUE 303 PALM BEACH, FL 33480	Mailing Address 205 WORTH AVENUE 303 PALM BEACH, FL 33480
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04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0790336	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRIAN, PHILIPPE J 205 WORTH AVENUE 303 PALM BEACH, FL 33480	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	AS
NAME	STUBER, JAMES A
STREET ADDRESS	301 CLEMATIS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DP
NAME	GANIVET, JEAN-LUC
STREET ADDRESS	12 IMPASSE DE L' ESCAL
CITY-ST-ZIP	13008 MARSEILLE, FRANCE,
TITLE	DSTV
NAME	GANIVET, FRANCE M.
STREET ADDRESS	12 IMPASSE DE L' ESCAL
CITY-ST-ZIP	13008 MARSEILLE, FRANCE,
TITLE	AS
NAME	BRIAN, PHILIPPE J
STREET ADDRESS	205 WORTH AVENUE STE 303
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: Philippe J. Brian PHILIPPE J. BRIAN Date: 04/24/07 Daytime Phone #: 561 214 4445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR