

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000101312

Entity Name: THE ADULT GALLERIA, INC.

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

2951 S.E. WAALER STREET
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2951 S.E. WAALER STREET
STUART, FL 34997

New Mailing Address:

FEI Number: 65-0826380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEERS, MITCHELL J
11380 PROSPERITY FARMS RD.
SUITE 204
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KEOSKIE, STANLEY
Address: 5603 NATIVE DANCER ROAD SOUTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: O () Delete
Name: KEOSKIE, JEFFREY
Address: 2951 SE WAALER STREET
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KEOSKIE, JEFFREY
Address: 2951 SE WAALER STREET
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY KEOSKIE

O

03/07/2007

Electronic Signature of Signing Officer or Director

Date