

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066632

FILED
Mar 14, 2005
Secretary of State

Entity Name: THE LEATHER GALLERIES, INC.

Current Principal Place of Business:

397 E ALTAMONTE DR
#1500
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

397 E ALTAMONTE DR
#1500
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 59-3591956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERSAMPIERE, ANTHONY
397 EAST ALTAMONTE DR
STE: 1500
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

T.L.G FURNITURE INC.
397 EAST ALTAMONTE DR
STE: 1500
ALTAMONTE SPRINGS, FL 32701 US

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: ANTHONY PERSAMPIERE

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERSAMPIERE, DOMINIC
Address: 860 ROYALWOOD LANE
City-St-Zip: OVIEDO, FL 32765

Title: STD () Delete
Name: PERSAMPIERE, ANTHONY
Address: 860 ROYALWOOD LANE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERSAMPIERE, DOMINIC
Address: 397 EAST ALTAMONTE DR STE-1500
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: STD (X) Change () Addition
Name: PERSAMPIERE, ANTHONY
Address: 397 EAST ALTAMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOMINIC PERSAMPIERE

PRES

03/14/2005

Electronic Signature of Signing Officer or Director

Date