2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 A Secretary of State DOCUMENT # P99000082938 THE WINN DOUBLEDAY GALLERY, INC. Principal Place of Business Mailing Address 6711 N OCEAN BLVD 6711 N OCEAN BLVD **UNIT 13** UNIT 13 OCEAN RIDGE, FL 33435 OCEAN RIDGE, FL 33435 02212007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0950943 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOUBLEDAY, WINIFRED S DO NOT WRITE 6711 NORTH OCEAN BOULEVARD **UNIT 13** IN THIS SPACE OCEAN RIDGE, FL 33435 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, typed or printed name of registered agent and litle if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DOUBLEDAY, WINIFRED \$ NAME 6711 NORTH OCEAN BOULEVARD, UNIT 13 STREET ADDRESS OCEAN RIDGE, FL 33435 CITY-ST-ZIP 000000662206 03/21/07-80004-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier 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 of 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 apraddress with ray other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

Winifred S.

FILED