
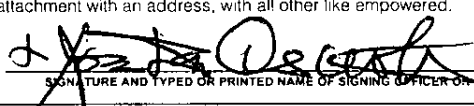


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90029 040 ***150.00

DOCUMENT # V56807 1. Entity Name ANHINGA INDIAN ART GALLERY, INC.					
Principal Place of Business 5980 S STATE ROAD 7 (441) FT. LAUDERDALE, FL 33314 US			Mailing Address 5990 SOUTH STATE RD 7 FT. LAUDERDALE, FL 33314 US		
2. Principal Place of Business - No P.O. Box # 5988 S State Rd 7		3. Mailing Address 5988 S State Rd 7			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Ft Lauderdale		City & State Ft Lauderdale		4. FEI Number 65-0349085	
Zip FL 33314		Zip FL 33314		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02212008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent OSCEOLA, JOE DAN 5988 SOUTH STATE RD 7 FT. LAUDERDALE, FL 33314				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS OSCEOLA, JOE DAN 5980 SOUTH STATE RD 7 FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Osceola, Joe Dan 5988 S STATE RD 7 Ft Lauderdale FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT OSCEOLA, VIRGINIA 5980 SOUTH STATE RD 7 FT. LAUDERDALE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Osceola, Virginia 5988 S STATE RD 7 Ft Lauderdale, FL 33314	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					