

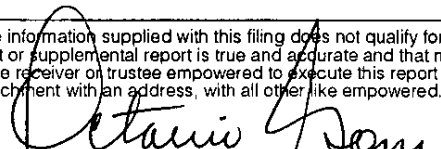


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90026 024 \*\*\*158.75

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # P02000102532</b><br>1. Entity Name<br><b>SOTTILL GALLERY, INC.</b>  |   |    |  |
| Principal Place of Business<br><b>671 W. FRONT STREET<br/>SUITE 220<br/>CELEBRATION FL 34747</b>  |   | Mailing Address<br><b>671 W. FRONT STREET<br/>SUITE 220<br/>CELEBRATION FL 34747</b>  |  |
| 2. Principal Place of Business<br><b>170 Sunport Lane</b><br>Suite, Apt. #, etc.<br><b>900</b><br>City & State<br><b>Orlando FL</b><br>Zip<br><b>32809</b>  |   | 3. Mailing Address<br><b>170 Sunport Lane</b><br>Suite, Apt. #, etc.<br><b>900</b><br>City & State<br><b>Orlando FL</b><br>Zip<br><b>32809</b>  |  |
|   |   | <br>1st MOORE CR2E034 (10/04)  |  |
|   |   | 4. FEI Number <b>75-3081786</b>   |  |
|   |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><b>GRAY, DAVID<br/>671 W. FRONT STREET<br/>SUITE 220<br/>CELEBRATION FL 34747</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>170 Sunport Lane</b><br><b>900</b><br>City <b>Orlando</b> <b>FL</b> Zip Code <b>32809</b> |  |
| 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 _____   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE   | P<br>GOMEZ, OCTAVIO<br>671 W. FRONT ST., #230<br>CELEBRATION FL 34747 | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>170 Sunport Lane, #900</b><br><b>Orlando FL 32809</b> |
| NAME  |   | NAME  |  |
| STREET ADDRESS  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |  |
| TITLE   | T<br>GRAY, DAVID<br>671 W. FRONT ST., #220<br>CELEBRATION FL 34747    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Address Change Above</b>   |
| NAME  |   | NAME  |  |
| STREET ADDRESS  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |  |
| TITLE   | D<br>SOTTIL, LUIS<br>671 W. FRONT ST., #220<br>CELEBRATION FL 34747   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Address Change Above</b>   |
| NAME  |   | NAME  |  |
| STREET ADDRESS  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |  |
| TITLE   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME  |   | NAME  |  |
| STREET ADDRESS  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |  |
| TITLE   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME  |   | NAME  |  |
| STREET ADDRESS  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |  |
| TITLE   |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME  |   | NAME  |  |
| STREET ADDRESS  |   | STREET ADDRESS  |  |
| CITY-ST-ZIP   |   | CITY-ST-ZIP   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:   |   | <b>3/19/05</b><br>Date Daytime Phone #  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |   |  |