


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000102532

1. Entity Name
SOTTILL GALLERY, INC.



Principal Place of Business Mailing Address

170 SUNPORT LANE #900 **170 SUNPORT LANE #900**
ORLANDO, FL 32809 **ORLANDO, FL 32809**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|-------------------------------|
| 4. FEI Number 75-3081786 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

| | |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|----------------------------------|---|

6. Name and Address of Current Registered Agent

GRAY, DAVID
170 SUNPORT LANE #900
ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GOMEZ, OCTAVIO 170 SUNPORT LANE #900 ORLANDO, FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T GRAY, DAVID 170 SUNPORT LANE #900 ORLANDO, FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOTTIL, LUIS 170 SUNPORT LANE #900 ORLANDO, FL 32809 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

100000412881
02/10/06-80085-024 158.75

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: *Octavio Gomez* 1/16/06 407-240-6150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #