2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P23022 FILED 1. Entity Name Jul 14, 2008 08:00 AM WENTWORTH GALLERY LTD., INC. **Secretary of State** Principal Place of Business Mailing Address 1118 NW 159TH DRIVE 1118 NW 159TH DRIVE MIAMI, FL 33169 MIAMI, FL 33169 07072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3033821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent O'MAHONY, CHRISTIAN ESQ DO NOT WRITE 1118 NW 159TH DRIVE MIAMI, FL 33169 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. 07/14/08-80011-001 150.00 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. TITLE O'MAHONY, MICHAEL NAME STREET ADDRESS 1118 NW 159TH DRIVE MIAMI, FL 33169 CITY-ST-ZIP O'MAHONY, CHRISTIAN D NAME 1118 N.W. 159 DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33169 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/100

Daytime Phone #