2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 07, 2006 08:00 AN **Secretary of State** DOCUMENT # P97000092370 1. Entity Name ROCKWELL GALLERY, INC. Principal Place of Business Mailing Address 618 GOODWIN **618 GOODWIN** NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 07032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3477193 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROCKWELL, JAMES DO NOT WRITE 618 GOODWIN NEW SMYRNA BEACH, FL 32169 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 Signature, typed or printed name of registered agent and title if applicable. DATE, SUL (NOTE: Registered Agent signature required when reinstating) . . 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE ROCKWELL, JAMES 618 GOODWIN STREET ADDRESS NEW SMYRNA BEACH, FL 32169 CITY-ST-ZIP 07/07/06-80005-005 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

FILED