


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90146 003 \*\*\*150.00

<b>DOCUMENT # P99000003480</b>	
1. Entity Name <b>SUTTON GALLERY, INC.</b>	

Principal Place of Business <b>3998 CR 309 LAKE PANASOFFKEE, FL 33538</b>	Mailing Address <b>PO BOX 761 LAKE PANASOFFKEE, FL 33538</b>
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2. Principal Place of Business - No P.O. Box # <b>206 NW 1ST ST.</b>	3. Mailing Address <b>206 NW 1ST ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HAVANA, FL</b>	City & State <b>HAVANA, FL</b>
Zip <b>32333-1668</b>	Country <b>USA</b>
City & State <b>HAVANA, FL</b>	City & State <b>HAVANA, FL</b>
Zip <b>32333-1668</b>	Country <b>USA</b>



05012008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>SUTTON, A. KATHERINE 3998 CR 309 LAKE PANASOFFKEE, FL 33538</b>	
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4. FEI Number <b>59-3557518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name <b>SAME</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>206 NW 1ST ST.</b>	
City <b>HAVANA</b>	Zip Code <b>FL 32333-1668</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 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUTTON, A. KATHERINE</b> <b>5998 CR 309</b> <b>LAKE PANASOFFKEE, FL 33538</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SUTTON, A. KATHERINE</b> <b>206 NW 1ST ST.</b> <b>HAVANA, FL 32333-1668</b> <input checked="" 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	<b>D</b> <b>TATLER-BURGESS, ANDREW F.</b> <b>206 NW 1ST ST.</b> <b>HAVANA, FL 32333-1668</b> <input type="checkbox"/> Change <input checked="" 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
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** A. Katherine Sutton **4/30/2008 352-258-4661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #