

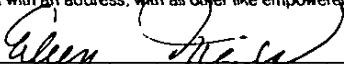


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 688988 1. Entity Name S. W. GATEWAY, INC.			
Principal Place of Business 23801 HARBORVIEW ROAD 2ND FLOOR PORT CHARLOTTE, FL 33980 US		Mailing Address PO BOX 380758 MURDOCK, FL 33938 US	
DO NOT WRITE IN THIS SPACE			
		 01072008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2023702		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WISHARD, KRISTINE 23081 HARBORVIEW RD. 2ND FLOOR PORT CHARLOTTE, FL 33980		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 re-registering) DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WISHARD, KRISTINE 26097 WATERFOWL LANE PUNTA GORDA, FL 33983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS INGELS, EILEEN 2020 WILLOW HAMMOCK CIRCLE PUNTA GORDA, FL 33983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WISHARD, WILLIAM 26097 WATERFOWL LANE PUNTA GORDA, FL 33983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-7-08 941-629-8190 <small>Date Daytime Phone #</small>	