## 2008 FOR PROFIT CORPORATION

## Mar 21, 2008 08:00 AN ANNUAL REPORT **Secretary of State DOCUMENT # P05000038305** 1. Entity Name IRONGATE REALTY INC. Principal Place of Business Mailing Address 2305 53RD AVE W 2305 53RD AVE W BRADENTON, FL. 34207 BRADENTON, FL 34207 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4, FEI Number 20-2488581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MCCORD, DAVID 6510 BUTLERS CREST DRIVE BRADENTON, FL 34203 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, typed or printed name of registered againt and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MCCORD, DAVID NAME STREET ADORESS 2305 53RD AVE W CITY-ST-ZIP BRADENTON, FL 34207 U00000086S974 TITLE 04/08/08-80011-005.150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 path; 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

Davime Phone I

**FILED**