

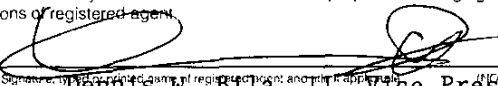
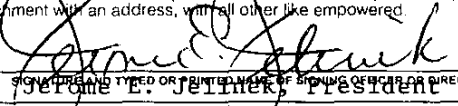


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90027 047 ***150.00

DOCUMENT # 677794 1. Entity Name GATEWAY TITLE AND ABSTRACT COMPANY					
Principal Place of Business 111 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426			Mailing Address 111 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box # 1325 S. Congress Suite, Apt. #, etc. Suite 206		3. Mailing Address 1325 S. Congress Suite, Apt. #, etc. Suite 206		4016070  07022007 Chg-P CR2E034 (12/06)	
City & State Boynton Beach, FL 33426		City & State Boynton Beach, FL 33426		4. FEI Number 59-2009435	
Zip 33426		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SABOL, CARY P ESQ. 111 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Dennis W Bila II Street Address (P.O. Box Number is Not Acceptable) 1325 S. Congress Suite 206 City Boynton Beach FL Zip Code 33426	
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:  Dennis W. Bila, II, Vice President DATE: 7-18-07					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JELINEK, JEROME E 111 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILA, DENNIS W II 111 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SABOL, CARY P 111 NORTH CONGRESS AVENUE BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  Jerome E. Jelinek, President			Date: 7-6-07 Daytime Phone: 231-946-6033		