2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003606

City-St-Zip:

NEW YORK, NY 10018 US

Entity Name: MIDDLEGATE SECURITIES, LTD., CO.

FILED Mar 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8 WEST 40TH STREET NEW YORK, NY 10018 US **Current Mailing Address: New Mailing Address:** 8 WEST 40TH STREET NEW YORK, NY 10018 US FEI Number: 13-3440941 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPITOL CORPORATE SERVICES, INC. 1333 N DUVAL ST. TALLAHASSEE, FL 32303 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition VERDIGER, ESTHER OSTROFSKY, STEVEN Name: Name: 8 WEST 40TH STREET 8 WEST 40TH STREET Address: Address: City-St-Zip: NEW YORK, NY 10018 US City-St-Zip: NEW YORK, NY 10018 US Title: VCVP () Delete Title: () Change () Addition SUTTON, ALBERTO Name: Name: 8 WEST 40TH STREET Address: Address: NEW YORK, NY 10018 US City-St-Zip: City-St-Zip: Title: Title: DS () Delete () Change () Addition SUTTON, ISAAC Name: Name: 8 WEST 40TH STREET Address: Address: City-St-Zip: NEW YORK, NY 10018 US City-St-Zip: Title: DT () Delete Title: () Change () Addition SUTTON, ELLIOT Name: Name: Address: 8 WEST 40TH STREET Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ISAAC SUTTON DS 03/29/2006