2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000983

Entity Name: GATEHOUSE DEVELOPMENT CORP.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
120 FORBE MANSFIELE	S BLVD. D, MA 02048	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
120 FORBE MANSFIELD	S BLVD. D, MA 02048	US			
FEI Number: (04-3182205	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:					
MCDONOUGH, BRIAN MUSEUM TOWER, 150 W. FLAGLER ST STE 2200 C/O STEARNS WEAVER MILLER MIAMI, FL 33130 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.					
SIGNATUR					
		Signature of Registered Agent	•	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCD () D PLONSKIER, MAI 120 FORBES BLV MANSFIELD, MA	√D.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	EVPD () C CANEPARI, DAVI 120 FORBES BLV MANSFIELD, MA	VD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () C MCMILLIN, BRIAN 120 FORBES BLV MANSFIELD, MA	√D.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ASC () C HAMPTON, SARI 120 FORBES BLV MANSFIELD, MA	/ D.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AT () C MCAVOY, JENNIF 120 FORBES BLV MANSFIELD, MA	VD.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () C YORKSHAITIS, R 120 FORBES BLV MANSFIELD, MA	√D.	Title: Name: Address: City-St-Zip:	() Change () Addition	
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.					

SIGNATURE: MARC S. PLONSKIER PCD 01/10/2006