2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000006150

1. Entity Name
GATEWAY SOUTHEAST PROPERTIES, INC.

Principal Place of Business	Mailing Address
300 NORTH LAKE AVENUE SUITE 620 PASADENA, CA 91101 US	300 NORTH LAKE AVENUE SUITE 620 PASADENA, CA 91101 US

DO NOT WRITE IN THIS SPACE

01092006 No Chg-P CR2E034 (11/05)

4. FEI Number
95-4556237
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VAS
NAME	BUEHNER, EARL W
STREET ADDRESS	300 NORTH LAKE AVE STE 620
CITY-ST-ZIP	PASADENA, CA
TITLE	V
NAME	RADEMACHER, GREGG
STREET ADDRESS	300 NORTH LAKE AVE STE 620
CITY-ST-ZIP	PASADENA, CA
TITLE	VS
NAME	SHULER, MARGARET O
STREET ADDRESS	300 NORTH LAKE AVE STE 620
CITY-ST-ZIP	PASADENA, CA
TITLE	V
NAME	MUIR, DAVID L
STREET ADDRESS	300 NORTH LAKE AVE STE 620
CITY-ST-ZIP	PASADENA, CA
TITLE	PTD
NAME	RICHTER, MARSHA D
STREET ADDRESS	300 N LAKE AVE STE 620
CITY-ST-ZIP	PASADENA, CA 91101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000469496
03/27/06-80003-001 75.00

U00000469496
03/27/06-80003-002 75.00

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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: _____ MARGARET O SHULER VICE PRESIDENT & SECRETARY 1/9/06 626 564-2343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #