

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90074 025 ***150.00

DOCUMENT # F99000002888					
1. Entity Name GATEWAY WINDSOR, INC.					
Principal Place of Business 9733 NW 7TH CIRCLE PLANTATION, FL 33324			Mailing Address 9733 NW 7TH CIRCLE PLANTATION, FL 33324		
2. Principal Place of Business		3. Mailing Address 300 North Lake Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 620			
City & State		City & State Pasadena, CA		4. FEI Number 95-4710389	
Zip		Country		Zip 91101	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME RICHTER, MARSHA D STREET ADDRESS 300 NORTH LAKE AVENUE, SUITE 620 CITY-ST-ZIP PASADENA, CA 91101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VS NAME SHULER, MARGARET O STREET ADDRESS 300 NORTH LAKE AVENUE, SUITE 620 CITY-ST-ZIP PASADENA, CA 91101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VGC NAME MUIR, DAVID L STREET ADDRESS 300 NORTH LAKE AVENUE, SUITE 620 CITY-ST-ZIP PASADENA, CA 91101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VAS NAME BUEHNER, EARL W STREET ADDRESS 300 NORTH LAKE AVENUE, SUITE 620 CITY-ST-ZIP PASADENA, CA 91101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME RADEMACHER, GREGG STREET ADDRESS 300 NORTH LAKE AVENUE, SUITE 620 CITY-ST-ZIP PASADENA, CA 91101	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Date: 1/5-05 Daytime Phone #: (626) 564-6000		

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