


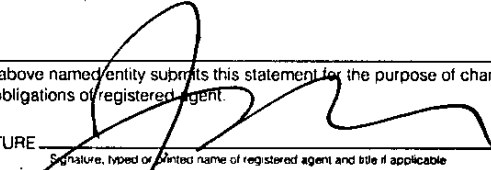
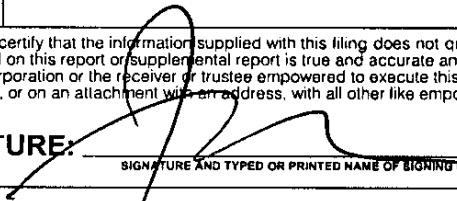
**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 05, 2007 8:00 am**  
**Secretary of State**

01-05-2007 90030 012 \*\*\*150.00

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<b>DOCUMENT # G54217</b>			
1. Entity Name SOUTHGATE INVESTMENTS, INC.			
Principal Place of Business 4909 SW 105TH AVE GAINESVILLE, FL 32608 US		Mailing Address 4909 SW 105TH AVE GAINESVILLE, FL 32608 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2379543		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  MILLER, B. LYNN 4909 SW 105TH AVE GAINESVILLE, FL 32608		7. Name and Address of New Registered Agent Name Miller, J. T. Street Address (P.O. Box Number is Not Acceptable) 4909 SW 105 <sup>th</sup> Ave City Gainesville, FL Zip Code 32608	
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 		J.T. Miller, VP Jan 5, 2007	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD APPLEGATE, JOHN C 1237 WATER LILY LANE ROCKLEDGE, FL 32955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STD Miller, J. T. 4909 SW 105 <sup>th</sup> Ave Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MILLER, B. LYNN 4909 SW 105TH AVE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Flournoy, Charlie R 627 NE 10th Place Gainesville FL 32601 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MILLER, B. LYNN 4909 SW 105TH AVE GAINESVILLE, FL 32608 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gregory R Miller 10910 SW 52nd Ter Gainesville FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APPLEGATE, DON W 88 ALLISON DR. COCOA, FL 32922 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Applegate, Allison Gayle 88 Allison Drive Cocoa, FL 32922 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Jewel H. Eggers 1237 Water Lily Lane Rockledge, FL 32955 <input type="checkbox"/> Change <input checked="" 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 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: 		J.T. Miller Jan 5, 2007 (352) 378-8232	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	