


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # K49687 1. Entity Name GATEWAY VENTURES, INC.	
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Principal Place of Business 6518 W. HIGHWAY 98 PANAMA CITY BEACH, FL 32407 US	Mailing Address 6518 W. HIGHWAY 98 PANAMA CITY BEACH, FL 32407 US
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DO NOT WRITE IN THIS SPACE



02232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2920154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WHALEY, WM J
6518 W. HIGHWAY 98
PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRENT, NOLA ANN 2422 MAGNOLIA DR PANAMA BEACH CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TRENT, NOLA ANN 2422 MAGNOLIA DR. PANAMA CITY BCH FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DICKENS, HAROLD W. 2304 COCHRAN AVE. PANAMA CITY BCH FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WHALEY, WILLIAM 5019 N LAGOON DR PANAMA CITY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000098362
03/29/04-80037-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **Wm. J. Whaley** 3-20-04 850 814 1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #