2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# N01000002619

Entity Name: OPEN THE GATE, INC.

Current Principal Place of Business:

PO BOX 730155
ORMOND BEACH, FL 32173

New Principal Place of Business:

Current Mailing Address:

PO BOX 730155
ORMOND BEACH, FL 32173

New Mailing Address:

FEI Number: 59-3686319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VIGLIOTTI, JACQUELYN
1399 OLD KINGS ROAD
HOLLY HILL, FL 32117 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VIGLIOTTI, JACQUELYN
Address: PO BOX 730155
City-St-Zip: ORMOND BEACH, FL 32173

Title: D ( ) Delete
Name: VIGLIOTTI, LOUIS A
Address: PO BOX 730155
City-St-Zip: ORMOND BEACH, FL 32173

Title: D ( ) Delete
Name: THOMPSON, JERRY
Address: PO BOX 730155
City-St-Zip: ORMOND BEACH, FL 32173

Title: D ( ) Delete
Name: BAUM, GERALD E
Address: 1224 S. PENINSULA DR.
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN VIGLIOTTI D 05/03/2004
Electronic Signature of Signing Officer or Director — Date