2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006710

FILED Feb 14, 2008 Secretary of State

Entity Name: THE GATEWAY TO ADVANCE & ACHIEVE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 18240 NORTHWEST 41ST PLACE4 MIAMI, FL 33055 **Current Mailing Address: New Mailing Address:** 18240 NORTHWEST 41ST PLACE4 MIAMI, FL 33055 FEI Number: 75-3240493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALTON, JONES & BROWNE P.L. 1999 SW 27TH AVENUE 1ST FLOOR MIAMI, FL 33145 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MCDOWELL, SANDRA Name: Name: 18240 NORTHWEST 41ST PLACE Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: HUDSON, DENISE Name: ODOM, LILLIE Address: 18240 NORTHWEST 41ST PLACE Address: 20520 NW 29TH AVE City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: SD (X) Change () Addition JENKINS, PAULA ODOM, LILLIE Name: Name: 18240 NORTHWEST 41ST PLACE Address: Address: 20520 NW 29TH AVE City-St-Zip: MIAMI, FL 33055 City-St-Zip: MIAMI, FL 33056 Title: (X) Delete Title: () Change () Addition Name: HUDSON, DENISE Name: 18240 NORTHWEST 41ST PLACE Address: Address: City-St-Zip: MIAMI, FL 33055 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SANDRA MCDOWELL PD 02/14/2008