

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000024572

FILED
Apr 28, 2005
Secretary of State

Entity Name: GATEWAY DEVELOPERS, INC.

Current Principal Place of Business:

3050 BEACH BLVD
SAINT PETERSBURG, FL 33737

New Principal Place of Business:

7156 S SHORE DR
SAINT PETERSBURG, FL 33737

Current Mailing Address:

POST OFFICE BOX 5202
GULFPORT, FL 33737

New Mailing Address:

310 FOOTHILL ROAD
GARDNERVILLE, NV 89460

FEI Number: 59-3706873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINGZETT, ALEXANDER
2937 BEACH BLVD
SAINT PETERSBURG, FL 33707 US

Name and Address of New Registered Agent:

KINGZETT, ALEXANDRA R
2937 BEACH BLVD
SAINT PETERSBURG, FL 33707 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: ALEXANDRA R KINGZETT

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KINGZETT, JAMES M
Address: 3050 BEACH BLVD
City-St-Zip: SAINT PETERSBURG, FL 33737

Title: VD () Delete
Name: KINGZETT, ALEXANDRA R
Address: 3050 BEACH BLVD
City-St-Zip: SAINT PETERSBURG, FL 33737

Title: SD (X) Delete
Name: NOBLE, STEVE C
Address: 110-107TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

Title: TD (X) Delete
Name: LETOURNEAU, SUZANNE
Address: 110-107TH AVENUE
City-St-Zip: TREASURE ISLAND, FL 33706

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDRA KINGZETT

VD

04/28/2005

Electronic Signature of Signing Officer or Director

Date