

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045872

Entity Name: LINCO GATEWAY, INC.

FILED  
May 01, 2005  
Secretary of State

**Current Principal Place of Business:**

3674 ROLLING HILLS LANE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

380 S. SR 434  
1004-354  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-3714142      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAPPAS, PETER C  
225 E. ROBINSON ST., SUITE 540  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

COHEN, OFIR A VP  
380 S. SR 434  
1004-354  
ALTAMONTE SPRINGS, FL 32714 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: OFIR

05/01/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: COHEN, OFIR A  
Address: 3674 ROLLING HILLS LANE  
City-St-Zip: APOPKA, FL 32712

Title: D            ( ) Delete  
Name: LINDENBERG, AMRAM  
Address: 3674 ROLLING HILLS LANE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: OFIR

VP

05/01/2005

Electronic Signature of Signing Officer or Director

Date