

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000066963

FILED
Apr 26, 2007
Secretary of State

Entity Name: GATEWAY PROPERTY DEVELOPMENT, INC.

Current Principal Place of Business:

1804 MICCOSUKEE COMMONS DR
SUITE 206
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 13268
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3730518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKER, MATTHEW
1804 MICCOSUKEE COMMONS DR
SUITE 206
TALLAHASSEE, FL 32308 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: PARKER, MATTHEW
Address: PO BOX 13268
City-St-Zip: TALLAHASSEE, FL 32317

Title: ST () Delete
Name: PARKER, LARA
Address: PO BOX 13268
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: PARKER, LARA S
Address: PO BOX 13268
City-St-Zip: TALLAHASSEE, FL 32317

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

SIGNATURE: LARA S PARKER

ST

04/26/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date