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Jun 29, 2006 8:00 am
Secretary of State

06-16-2006 90102 001 ***550.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000109753

1. Entity Name
GATE ENTRY SYSTEMS, INC.

Principal Place of Business	Mailing Address
212 NE 33RD ST. OAKLAND PARK, FL 33334	212 NE 33RD ST. OAKLAND PARK, FL 33334

06122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 51-0434392 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RISPOLI, MICHAEL B 3460 N.W. 43 AVE. LAUDERDALE LAKES, FL 33319	Name: Rispoli, Michael B. Street Address (P.O. Box Number is Not Acceptable): 690 SW 65 Ave. City: Margate, FL Zip Code: 33068

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 6/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISPOLI, MICHAEL B 3460 N.W. 43RD AVE. LAUDERDALE LAKES, FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Rispoli, Michael B. 690 SW 65 Ave. Margate, FL 33068	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISPOLI, PAIGE E 3460 N.W. 43RD AVE. LAUDERDALE LAKES, FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rispoli, Paige E. 690 SW 65 Ave. Margate, FL 33068	☑ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael B Rispoli
President