

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036882

Entity Name: WISDOMGATE, INC.

FILED  
Apr 25, 2005  
Secretary of State

**Current Principal Place of Business:**

5144 CONROY RD #1038  
ORLANDO, FL 32811 US

**New Principal Place of Business:**

**Current Mailing Address:**

5144 CONROY RD #1038  
ORLANDO, FL 32811 US

**New Mailing Address:**

PO BOX 690128  
ORLANDO, FL 328690128 US

FEI Number: 20-0782985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCRAE, LARRY T  
5144 CONROY RD #1038  
ORLANDO, FL 32811 US

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

MCRAE, LARRY T  
PO BOX 690128  
ORLANDO, FL 328690128 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

04/25/2005

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCRAE, LARRY T  
Address: PO BOX 690128  
City-St-Zip: ORLANDO, FL 328190128 US

Title: VP ( ) Delete  
Name: MCRAE, JEANELL  
Address: PO BOX 690128  
City-St-Zip: ORLANDO, FL 328190128 US

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

Title: P (X) Change ( ) Addition  
Name: MCRAE, LARRY T  
Address: PO BOX 690128  
City-St-Zip: ORLANDO, FL 328690128 US

Title: VP (X) Change ( ) Addition  
Name: MCRAE, JEANELL  
Address: PO BOX 690128  
City-St-Zip: ORLANDO, FL 328690128 US

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: LARRY T MCRAE

Electronic Signature of Signing Officer or Director

PRES

04/25/2005

Date