2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

3/3

1. Entity Name GATENA	MENT*# P04000107 ENTERPRISES INC.	*1 ***			, ,	03-30-200	_		
1252 CARDINAL LANE 12		Mailing Address 1252 CARDINAL LANE DELAND, FL 32720	1252 CARDINAL LANE		66012642				
2. Principal Place of Business		3. Meiling Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03132005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State		4. FEI Number 20 - /	41849	48	⊢ —↓	plied For at Applicable	
Zip	Country	Zip .	Country		L	f Status Desired		8.75 Add se Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New F	Registered A	gent	
GATENA, CHRIS 1252 CARDINAL LANE DELAND, FL 32720				Name Street Address (P.O. Box Number is Not Acceptable)					
			City	<u> </u>			FL	Zip Code	e
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, spired or proceed nerve of regulated agent and table if appticable. (NOTE: Registered Agent alignature required when retrievating) DATE									
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1,2005 Fee will be \$550.00 Trust Fund Contribution.						,			
FIL After Ma	ay 1, 2005 Fee will be \$550			\$5 □ Add	.00 May Be ded to Fees			•	
After Ma	E NOWIL FEE IS \$150.00 by 1, 2005 Fee will be \$550 OFFICERS AND	Trust Fund Cont		\$5 □ Add	ded to Fees	CHANGES TO OFF	ICERS AND I	DIRECTORS	3 IN 11
After Ma	ay 1, 2005 Fee will be \$550.	Trust Fund Cont	ribution.	□ \$5 Add	ded to Fees	CHANGES TO OFF		DIRECTORS	S IN 13
After Ma	officers and	Trust Fund Cont	tribution.	L) Add	ded to Fees	CHANGES TO OFF			
10. TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS	PVP GATENA, CHRIS 1252 CARDINAL LANE DELAND, FL 32720 ST GATENA, SHARON 1252 CARDINAL LANE	Trust Fund Cont	Tibution. 11. IIILE NAME STREET ADORE CITY-ST-ZIP TITLE NAME STREET ADORE STREET ADORE	L) Add	ded to Fees	CHANGES TO OFF			
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:

3/21/04

386) 943 992

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR