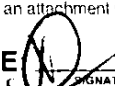


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90342 013 ***150.00

DOCUMENT # P04000121872 1. Entity Name STARGATE ENGINEERING, INC.					
Principal Place of Business 4913 BRADFORD LANE TAMPA, FL 33624			Mailing Address 4913 BRADFORD LANE TAMPA, FL 33624		
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 26-0093859	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOWLES, HWAN 4913 BRADFORD LANE TAMPA, FL 33624				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 typed or printed below of each registered agent and change of registered agent signature required when changing agent					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P/S BOWLES, HWAN 4913 BRADFORD LANE TAMPA, FL 33624	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP BOWLES, THOMAS 13049 DELLWOOD ROAD TAMPA, FL 33624	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP		☐ Delete			
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 another authorized person.					
SIGNATURE 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Hwan Bowles		Date 4-15-06	
				Date of Filing 8/3/17-7987	