
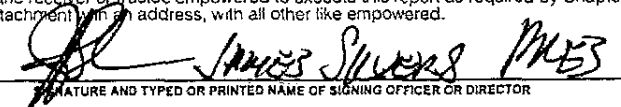


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000139785</b>		
1. Entity Name GATEWAY TOWNHOUSE, INC.		
Principal Place of Business 279 N HIBISCUS DR MIAMI BEACH, FL 33139	Mailing Address 279 N HIBISCUS DR MIAMI BEACH, FL 33139	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  SILVERS, JAMES F 279 N HIBISCUS DR MIAMI BEACH, FL 33139		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SILVERS, JAMES F 279 N HIBISCUS DR MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERS, LOIS 279 N HIBISCUS DR MIAMI BEACH, FL 33139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <b>JAMES F. SILVERS PRES</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0214398	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

U000000540068  
05/10/06-80002-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

4/24/06 305 772 3788  
Date Daytime Phone #