2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P05000013979 07-17-2006 90137 032 ***550.00 1. Entity Name THE GATE GUYS, INC. 50022669 Principal Place of Business Mailing Address 318 INDIAN TRACE 318 INDIAN TRACE **SUITE 201** SUITE 201 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 07072006 Chg-P CR2E034 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable 303330216 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MÎAMI, FL 33145 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PSD TITLE ☐ Delete TITLE Change ☐ Addition PSTD NAME PHILLIPS, CAMERON G NAME 318 INDIAN TRACE #201 STREET ADORESS STREET ADDRESS CITY-ST-ZIP WESTON, FL 33326 CITY-ST-ZIP VT Delete TITLE TITLE □ Change Addition GARRABRANDT, JOHN J NAME NAME STREET ADDRESS 318 INDIAN TRACE #201 STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Detete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE Detete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this fling 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 his 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 principles of the proposed of the corporation of the corporation or the receiver of trustee empowered to execute his 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 principles.

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Daytime Phone #

FILED Jul 17, 2006 8:00 am