## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000103013

Entity Name: GATEWAY JEWELERS, INC.

FILED Jul 06, 2007 Secretary of State

Current Pri	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
1781 DUNL SUITE #1	AWTON AVEN	IUE.		1781 DUNLAWTON AVENUE.		
	NGE, FL 3212	9		SUITE #1 PORT ORANGE, FL 32127		
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
1781 DUNLAWTON AVENUE.				1781 DUNLAWTON AVE.		
SUITE #1 PORT ORA	NGE, FL 3212	9	SUITE #1 PORT OR/	SUITE #1 PORT ORANGE, FL 32127		
FEI Number:	61-1490774	FEI Number Applied For ( ) FEI Nu	ımber Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of No	ew Registered Agent:	
	CK, DONALD				_	
1361 S. WE	EMBLEY CIR. NGE, FL 3212		5367 CORI	HALLENBECK, DONALD A 5367 CORDGRASS BEND LN. PORT ORANGE, FL 32128 US		
in the State		bmits this statement for the purpose	of changing i	ts registered of	fice or registered agent, or both, 07/06/2007	
	Flectronic	Signature of Registered Agent			Date	
Election Cam		2)(b), F.S., the corporation did not receive Frust Fund Contribution(). ORS:	•		TO OFFICERS AND DIRECTORS:	
Title:		Pelete	Title:		Change ( ) Addition	
Name: Address:	FARMER, JANET 148 ORCHID LN.		Name: Address:			
City-St-Zip:	PORT ORANGE,	FL 32127	City-St-Zip:			
Title:	P ()[	Pelete	Title:	VP (X)	Change ( ) Addition	
Name:	HALLENBECK, D		Name:	HALLENBECK, C		
Address:	1361 S. WEMBLE		Address:	5367 CORDGRA		
City-St-Zip:	PORT ORANGE,	FL 32128	City-St-Zip:	PORT ORANGE,	FL 32126	
Title:	CFO () [	Pelete	Title:	( )	Change ( ) Addition	
Name:	CORTEZ, JOSÉP		Name:	. ,	3 ( )	
Address:	6289 CYPRESS	SPRINGS PWKY.	Address:			
City-St-Zip:	PORT ORANGE,	FL 32128	City-St-Zip:			
Title:	VP (X) [	Delete	Title:	( )	Change ( ) Addition	
Name:	HALLENBECK, C		Name:			
Address:	1361 S. WEMBLI PORT ORANGE,		Address:			
City-St-Zip:	PORT ORANGE,	FL 32126	City-St-Zip:			
Title:	T/S (X) [	Delete	Title:	( )	Change ( ) Addition	
Name:	FARMER, SAMUE	EL J	Name:	• •		
Address: 148 ORCHID LN.			Address:	Address:		
City-St-Zip:	PORT ORANGE,	FL 32127	City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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:	DON HALLENBECK	PRES	07/06/2007