2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000109749

Entity Name: GATEWAY TO RECOVERY, INC

FILED Jan 04, 2007 Secretary of State

y		TO RESOVERI, IIVS.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
660 LINTON BLVD. STE 112 DELRAY BEACH, FL 33444				N BLVD. STE 112 EACH, FL 33444	US	
Current M	lailing Addre	ss:	New Maili	New Mailing Address:		
660 LINTON BLVD. STE 112 DELRAY BEACH, FL 33444				660 LINTON BLVD. STE 112 DELRAY BEACH, FL 33444 US		
FEI Number	: 16-1729460	FEI Number Applied For ()	FEI Number Not App	icable () Cer	tificate of Status Desired (X)	
Name and	Address of (Current Registered Agent:	Name and	Address of New	Registered Agent:	
1840 SW 2 4TH FLOC		A.				
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered office	or registered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MELICHAR, MI	CIRCLE, SUITE #122	Title: Name: Address: City-St-Zip:	PT (X) Cha MELICHAR, MICHAE 101 NW 18ST DELRAY BEACH, FL		
Title: Name: Address: City-St-Zip:	LOPEZ, GILBE	CIRCLE, SUITE #122	Title: Name: Address: City-St-Zip:	V (X) Cha LOPEZ, GILBERTO 101 NW 18TH ST DELRAY BEACH, FL	nge () Addition	
Title: Name: Address: City-St-Zip:	S (SCHECHTER, 660 LINTON B DELRAY BEAC	LVD. STE 112	Title: Name: Address: City-St-Zip:	() Cha	nge () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Chai JT HOLDINGS OF S 111 NORTH M ST LAKE WORTH, FL 3		

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL MELICHAR PRES 01/04/2007